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children

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Next Steps Against Polio

A Cystic Fibrosis Program

Helping Unemployed Youth

Effects of Maternal Employment

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children ®

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A CHILD'S HAVEN is his mother's lap. Unfortunately many children are, for various reasons, deprived of the security of the kind of warm, consistent mother love symbolized by this picture. Efforts to help foster parents to achieve the skills necessary for giving these children the "plus" in care and understanding required for erasing the emotional scars of such deprivation are described in the article beginning on page 218.

◀ *the authors*

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Victoria Shannon has been in her present position for the past 10 years. Previously she was with the Vanderbilt University Hospital in Nashville and in the Montgomery County (Md.) Health Department. She has written extensively on cystic fibrosis. Her last article in CHILDREN was on the problems faced in informing parents of a child's congenital defects. (January–February 1955.)

Psychologist Saul S. Leshner, left, worked in personnel and vocational counseling for industry, the U.S. Government, and the University of Pennsylvania before becoming head of Philadelphia's JEVS in 1951. Anthropologist George S. Snyderman, right, who joined the agency this year, has worked in various supervisory and counseling capacities for the State and U.S. Employment Services.

Since receiving her master's degree from Ohio State University, Carolyn Thomas has concentrated on work with children in their own and in foster homes. She was in the foster home department of the Family and Children's Service of Greater St. Louis when she conducted the experiment here described. She has also been a caseworker on the staff of the Children's Bureau of Dayton, Ohio.

Marian Radke Yarrow, psychologist, has been with the National Institute of Mental Health since 1953, conducting research in the development of children's social attitudes. Previously she was with the University of Minnesota's Institute of Child Welfare. She is at present President-elect of the division of developmental psychology of the American Psychological Association.

Before going to Stanford University, where she teaches a course in child development, Eleanor Maccoby was a lecturer at Harvard University's department of social relations. Coauthor with R. R. Sears and H. Levin of the book "Patterns of Child Rearing," she has also written previously for CHILDREN. ("Children and Working Mothers," May-June 1958.)

Killed and live virus vaccines and their part in . . .

NEXT STEPS IN POLIOMYELITIS CONTROL

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THE CONQUEST of poliomyelitis has been one of the great public health events of the mid-century. The campaign is progressing well but is not yet won. Experience over the past 7 years since the development and licensing of the first poliovaccine in 1955 provides a sound basis for outlining the next steps that must be taken to achieve the goal of the elimination of the disease.

The first poliovaccine was developed by Dr. Jonas Salk and consisted of a suspension of virus particles for the three separate polioviruses—Types I, II, and III—which had been inactivated, that is, rendered noninfective, by careful treatment with dilute concentrations of formalin. Although commercial production of a satisfactory vaccine of this type in the first year presented some difficulties, these were soon surmounted and the vaccine has since been widely used in this country and abroad. Over 90 million Americans have now had at least one dose. Among those who have had four or more doses, properly spaced, it has proved up to 90 percent effective in preventing paralytic polio.

During this same period another kind of vaccine has been under intensive research and development in this country and many other parts of the world, particularly Russia. This vaccine consists of live but attenuated strains of poliovirus that have been artificially selected and modified in the laboratory to lose their virulence. They are fed by mouth and hence are referred to as oral poliovaccines. The names of Drs. Hilary Koprowski, Herald Cox, and Albert Sabin and many others are associated with the development of these vaccines. The Sabin strains have been selected for production of oral vaccine in the United States and are also the ones most widely used in other countries.

The oral vaccines offer great promise for accelerating the campaign against poliomyelitis. They have the distinct advantage over the formalin-inactivated vaccine of ease of administration; a few drops on the tongue or on a lump of sugar or in a teaspoon of syrup is all that is required. They act promptly and are believed by many scientists to confer a more effective and lasting immunity. They are particularly suitable for use on a mass basis.

Problems have been encountered, however, in the consistent production of these vaccines. The manufacturing process is extraordinarily complex. The standards of safety, purity, and potency required by the Public Health Service before licensing is permitted are rigid. Only in August of 1961 was the first license granted for the sale of Type I oral vaccine. Release of the other two types can be anticipated soon.* At the present time, however, an interim period has begun when all who are actively concerned with the control of poliomyelitis will be faced with problems in deciding the immediate next steps to be taken.

The present paper will consider some of these problems. The broad epidemiological experience over the past 7 years will be reviewed for guidelines

*A license for Type II oral vaccine was granted in October 1961.

to future action. What should our next steps be? What should our plans be when all three types of oral vaccine become available? What basic requirements can be set for the elimination of the disease and for maintaining its absence permanently?

The experience since 1955 clearly shows that the present inactivated vaccines have been highly effective. Failure to achieve greater control can be ascribed to our failure to immunize all susceptible groups rather than to inadequacy of the vaccine. The new oral vaccines should greatly facilitate more effective control. The permanent elimination of the disease will require an effective program of immunization of all infants on a continuing basis.

Experience to Date

The annual incidence rates of both total and paralytic cases of poliomyelitis are shown in Figure 1 for the period from 1930 to 1961. During the 1930's and before, the incidence of the disease was relatively low. A rising trend began in the 1940's and continued into the first half of the 1950's. In the second half of the 1950's, a steep decline is apparent. This was interrupted in 1958 and 1959, but returned in 1960 and 1961. The total number of paralytic cases in 1961 should be under 1,000 cases, comprising an incidence figure well below any ever recorded since national reporting began in 1912.

The interpretation of a declining trend such as that observed for poliomyelitis in the past 7 years is difficult. One must consider the possibility of long-term cycles. Could the recent decline be the result of some strange epidemiological periodicity of unknown character? Such an idea would suggest that the vaccine program had little or no effect. It would also suggest that poliomyelitis might recur in severe epidemic form during the next cycle.

There is no sound basis for such a hypothetical construction. In small population groups such as in single States, or in small countries, epidemics of great severity have occurred in certain years, preceded and followed by periods of relatively low incidence. In large populations such as the whole United States, no cyclical pattern has been manifest. On the contrary, the increasing trends of poliomyelitis in the 1940's and 1950's were part of a worldwide phenomenon related to the advancing standard of living and the increasing birth rate following the great depression. The commonly accepted explanation is that with better housing, suburban living, greater access to soap and water and greatly improved care of infants, the time of first exposure to the ubiquitous polioviruses has been progressively postponed to an age where the risk of developing paralysis is greater.

Nothing has happened in this country during the past 7 years to change these basic ecological relationships. On the contrary, there has been progressive improvement in the standard of living. Hence, a sounder judgment would be to have expected a continuing upward trend in incidence during the late 1950's and early 1960's had no other factor such as a poliovaccine program been introduced to affect the picture.

It is, therefore, conservative to select the 5-year average incidence from 1950 to 1954 as a level of comparison with current figures. This average for paralytic cases was 18,716. In 1960 only 2,292 cases occurred, comprising an 88 percent reduction. In 1961 the experience to date suggests the reduction may be as much as 94 percent.

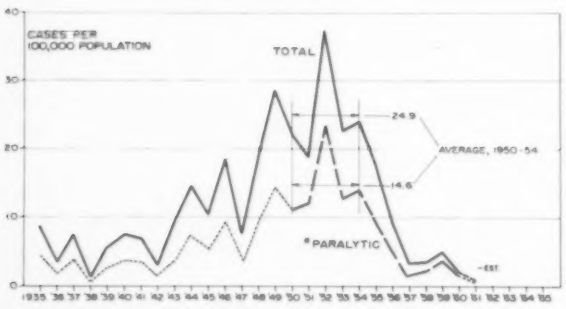
Concurrently with this declining trend other basic changes in the epidemiological pattern of poliomyelitis occurred. The age of attack changed markedly. From a disease that was afflicting an increasing proportion of school age children and even adults, it began to revert in 1956 to its former infantile character with highest attack rates occurring in 1- and 2-year-old children. There was also an interesting switch in the sex distributions.

A comparison of data for paralytic cases by age and sex in 1955 and 1959 shows that while there is a great overall reduction, a relative concentration among infant and young preschool children remains. In regard to adults, in 1955 higher rates occurred

Figure 1

ANNUAL POLIOMYELITIS INCIDENCE RATES

United States, 1935–1961



* PARALYTIC CASES PRIOR TO 1951 ASSUMED TO BE 80% OF TOTAL

among females, presumably because of their greater susceptibility due to pregnancy and their closer contacts with young people, but in 1959 higher rates occurred among males, revealing their relatively lower levels of immunization. Investigation in several epidemics showed that most of the cases among adult males occurred in unimmunized fathers of small children. These recent age patterns form the basis for the plan developed by the Public Health Service for a nationwide Babies and Breadwinners program to concentrate anti-polio efforts this year on immunizing these specific groups. [See CHILDREN, March–April 1961, page 77.]

Another important change in the epidemiological pattern of poliomyelitis has occurred. Prior to 1956, epidemics commonly spread extensively throughout whole metropolitan areas and beyond. Attack rates were amazingly uniform in all racial and socio-economic groups. If any differences occurred they tended to higher rates among upper income levels. Following the introduction of the inactivated vaccine in 1955, epidemics of poliomyelitis have been sharply concentrated in the lower socio-economic segments of the population. Isolated, crowded, ethnically distinct groups have been selected for attack. For example in the 1959 epidemic in Kansas City, Negroes suffered the highest attack rates ever recorded for Negroes in that city. Among all the epidemics that have occurred since 1956, the one consistent feature has been the relatively low levels of poliomyelitis immunization among the populations attacked.

There is, nevertheless, abundant evidence in the declining trends, the shifts in age distributions and the altered geographic and socio-economic patterns to conclude that the immunization program begun in 1955 and still continuing has been highly successful in effecting substantial control of the disease.

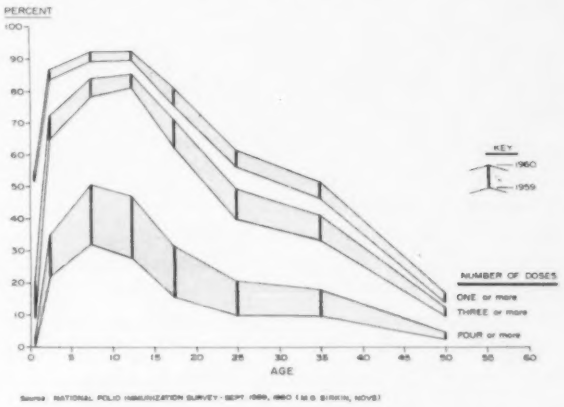
Use of Vaccine

This result has been achieved in spite of the fact that substantial numbers of our population have yet to be immunized. Since 1955, the approximately 400 million doses of inactivated vaccine distributed for domestic use have been given to certain population groups more intensively than to others. In September of each year a survey of polio immunization is carried out by the United States Bureau of the Census. The results for 1959 and 1960 are shown in figure 2 by age group. The highest immunization levels are found among the school-age children—those 5 to 14 years old—but, even in this group, only 50 percent have received the recommended four

Figure 2

POLIOMYELITIS IMMUNIZATION LEVELS

By Age and Doses of Vaccine
United States, Sept. 1959 and 1960



doses. Most of the preschool children have had some vaccine, but only 35 percent have received four or more doses. The immunization levels among young adults are even lower than those among preschool children.

The Interim Period

The implications of these findings are obvious. The program over the past 7 years based on use of inactivated vaccine has been remarkably successful in spite of the failure to reach large numbers of susceptibles in the population. Continued and intensified Babies and Breadwinners immunization programs can be expected to achieve substantial further improvement in control of the disease. In this interim period, before the release of Types II and III oral vaccines, use of the inactivated vaccine is the only available procedure to confer broad immunity to all three types of poliomyelitis virus.

The oral vaccine for Type I, now available, has valuable immediate application both for epidemic control and for feeding to newborns. A portion of the first lots to be released on August 24 was set aside for the Public Health Service's epidemic reserve, and within 24 hours a large allotment was made to the New York State Department of Health for use in controlling the epidemic in Syracuse and surrounding counties. This reserve is available on request of State health officers when three or more cases have occurred in a circumscribed area within a 30-day period, providing at least two cases have

been typed. The oral vaccine should be administered promptly to all persons of all age groups residing within an epidemic area. In Syracuse, vaccine was fed over a 3-day period to over 400,000 persons out of a total population of approximately 750,000.

Experience needs to be gained with the feeding of Type I oral vaccine at birth. Although it is known that the response of newborns is only partial, this procedure has been advocated by many as a desirable routine, perhaps to become as universal as silver nitrate drops in the eyes. The ease of administration and the ready accessibility of infants due to the almost universal practice of hospital delivery make this procedure a most attractive proposal from the public health point of view. Practical experience on a progressively larger scale is needed to work out the best methods and to determine the suitable dosage. This can be started now.

Mass Use of Oral Vaccine

When Types II and III oral vaccines are released and adequate quantities of all three types are then available, a new phase in the poliomyelitis campaign will begin. Programs for mass immunization will be sponsored in many, if not all, communities in the country. Such programs have been found to be universally popular in all communities where they have been carried out on an experimental basis.

The justifications for mass programs are several. A large number of unimmunized persons who have up to now resisted needles or who object to the cost will hopefully respond to free clinics. Those who have received inactivated vaccine will have their immunity reinforced. Moreover, the oral vaccine is known to confer local tissue immunity in the alimentary tract and thus should further interrupt the spread of "wild" or virulent polioviruses in the community. If a sufficient proportion of the population is effectively immunized, it is believed that the natural chain of infection of the wild viruses may be wholly disrupted.

It must be remembered that the anti-polio campaign will not be ended after extensive and successful mass immunization programs have been completed. The continuing immunization of infants during their first year of life is of paramount importance; in fact, it is the most fundamental of all aspects of the poliomyelitis control program.

Successful mass programs will certainly achieve a great reduction, if not elimination, of the natural spread of wild strains of poliovirus. Thus, the normal process of natural immunization that has gone on in the past will cease. Infants born into such a situation who are not immunized artificially will become highly susceptible as their maternal antibody disappears. A large number of such children in the population or even small localized clusters of them will be ripe for an outbreak and possibly for an epidemic of greater severity than any experienced in the past. The only protection against such a danger is the successful immunization of all infants. To achieve this will require careful organization on the part of every health department to insure that every new child born into the community has been given the opportunity to be immunized, and to check whether the opportunity has been taken. This will require systematic surveys and auditing procedures based on the use of individual birth certificates for recording immunizations and checking on the immune status of infants as they reach their first birthday.

The time is rapidly approaching when it should become a basic human right for every child born in this country to receive protection against poliomyelitis and all communicable diseases for which vaccines exist. It must be the obligation of every parent to see that such protection is received. It should be the responsibility of the health authority to organize the necessary services to insure that high levels of immunity are maintained.

Conclusion

The campaign for the conquest of poliomyelitis over the past 7 years has shown substantial success. Continued use of the inactivated vaccines is strongly indicated particularly for protection of those preschool children and young parents who have not yet been immunized.

The oral vaccine for Type I poliomyelitis presently available has special application for epidemic control and for feeding to newborns.

When Types II and III oral vaccines are released, mass immunization programs can be anticipated throughout the country. These will reach additional persons not yet immunized with inactivated vaccine and reinforce immunity among those who have already received it. The long-term effective elimination of poliomyelitis depends upon the organization in every community of systematic programs for the immunization of infants during their first year of life.

In Connecticut the crippled children's service calls on a variety of professions and organizations in carrying out . . .

A PROGRAM FOR CHILDREN WITH CYSTIC FIBROSIS

VICTORIA SHANNON

Medical Social Consultant, Crippled Children Section, Connecticut State Department of Health

IN 1954 the Connecticut State Department of Health began to receive inquiries from a variety of sources about the possibility of its crippled children section providing families with assistance in the care of children with cystic fibrosis. These inquiries came from an industrial nurse, parents of children, the head of a city welfare department, a physician at the Yale University medical school and the officers of the Children's Cystic Fibrosis Association of Connecticut, an organization of parents of children with this nearly always fatal impairment, which had been formed that year. By 1955, at the urging of the Children's Cystic Fibrosis Association, the Connecticut General Assembly made its first appropriation for help to children with cystic fibrosis. This was for $25,000 for the biennium. Thus the people of the State gave the State health department their sanction to assume leadership in planning and developing the program. This, of course, was accompanied by accountability to the public—not only the part of the public which is directly concerned with the program, but the entire community as supporters and potential consumers of the program.

Cystic fibrosis belongs in a group of hereditary metabolic diseases.[1] Many or perhaps all of the exocrine glands function abnormally: the exocrine glands chiefly affected are the mucous glands of the bronchi and nasal passages, the sweat glands, and the digestive glands. "The most common clinical results of cystic fibrosis are, therefore, chronic bronchitis, malnutrition, or poor gain, steatorrhea (fatty stools) with loss of fat soluble vitamines, and susceptibility to heat prostration. The respiratory infection produces the most distressing symptoms and is the usual cause of death." [1]

As soon as thought was given to the possibility of developing a program in Connecticut to assist children with cystic fibrosis and their parents, the staff of the State health department's crippled children section immediately reached out to work with others whose understanding and collaboration would be needed in helping these children. Frequent discussions were held about staff and facilities needed for diagnosis and treatment and their costs; the categories of professional persons that needed to learn more about the condition and how they could be reached; what kinds of service the families needed; and how the crippled children section could make the most effective contribution.

Among those consulted were the State medical society, whose committee on public health approved the plans developed; the Children's Cystic Fibrosis Association; the department of pediatrics of the Yale University School of Medicine; and hospitals and physicians both in and outside of Connecticut. A number of conferences were held with members of the administrative, nursing, and social service staff of the Grace-New Haven Community Hospital, as it was obvious that this would be one of the main treatment centers used. Thus the variety of persons who would be directly concerned with the program became involved in determining what services were needed, which ones would be met through the State health department, and what the procedures would be.

When the plan was completed, letters telling about

the new services were sent to individual physicians and officers of medical societies, hospital administrators, social agencies, and public health nursing agencies.

The organized parents' group played an especially important part in the initiation of the program. In 1954, this group not only requested the State health department to initiate the program, but also had a bill drawn up and presented to the State legislature asking for appropriations. Sixty families belonged at that time.

The group now meets regularly, usually having outside speakers followed by informal discussions. It continues to support State health department programs by appearing at legislative hearings, gives substantial financial aid to the two clinics in medical centers serving most of the families, provides aerosol equipment for the children, and participates in educational programs designed to acquaint the public and professional groups with the meaning of a diagnosis of cystic fibrosis. Assisted by a labor union, the group gives an annual Christmas party for all the children in member families.

The health department's crippled children section maintains a relationship with this voluntary group, the medical social work consultant who works most closely with the cystic fibrosis program providing the group with information as requested. These requests have been regarded as opportunities to interpret the department's needs and policies.

Description of the Program

The services available under the State's cystic fibrosis program are similar to those given to children with other crippling conditions. The program follows the purposes of the Federal Children's Bureau program for crippled children: to provide skilled medical, surgical, nursing, social, and physical therapy services for children in hospitals, convalescent homes, foster homes, and in their own homes; and to cooperate with other resources in providing and promoting the development of services to crippled children. The program stresses the importance of planning, so that the various services will be provided as they are needed.

The fundamental assumption of the program is that the service should be given in such a way as to tend to increase the possibility of a child's leading a normal life with his family. All children up to 21 years of age who reside in the State are eligible for diagnostic service. Eligibility for treatment is determined by several factors, including diagnosis, lack of other treatment opportunity, the need for a planned program of medical care, and the economic situation of the family, or other social and emotional problems.

The program may assist in the care of children at home by providing medical consultation, laboratory and X-ray service, and some medication. Funds are generally available for hospital care also. Depending upon the need, continuing medical, social, public health nursing, or nutritional consultation services are provided. The parents are encouraged to maintain close touch with their private physicians. Social services are provided, either directly by one of the consultants of the crippled children section or through referral to local community agencies. The nursing service is usually provided by local visiting nurse associations, advised by the nursing consultants in the State department of health. The other services are purchased from existing medical resources. Drugs, prophylactic antibiotics, and pancreatin—a drug necessary in treatment—are sent directly to the patients free of charge on receipt of prescriptions from the physicians.

The staff members in the crippled children section who become involved in the provision of care are, in addition to the physicians, medical social work consultants, nursing consultants, secretaries who

CYSTIC FIBROSIS SURVEY

The Children's Bureau and the National Office of Vital Statistics, U.S. Department of Health, Education, and Welfare, are about to launch an extensive sampling survey of physicians and clinics to determine the incidence of cystic fibrosis in the 17 Eastern Seaboard States and in the District of Columbia. The survey is a major part of a project begun in 1959, with funds from the National Institutes of Health and has been preceded by a recently completed pilot survey conducted in three New England States—Massachusetts, New Hampshire, and Vermont. (See CHILDREN, January–February 1959, page 36.)

The pilot study demonstrated the feasibility of deriving accurate estimates of diagnosed cases by means of the survey method and provided an indication of the magnitude of the cystic fibrosis problem. Its preliminary findings indicate: that the incidence of cystic fibrosis appears to be somewhat less than 1 case per 1,000 live births—the generally accepted ratio; that from 1952 to 1959 the known number of patients had more than doubled; that during the same period, the number of cases detected each year exceeded the number of deaths due to the disease; and that while the same number of deaths occurred in each 4-year period, 1952–55 and 1956–59, there was a significant shift in the percent distribution of deaths to the age group 10 years and older.

A report of the methods and the findings of the pilot study will be published in the near future.

handle incoming and outgoing data, the fiscal officers of the department, who may or may not understand and approve the expenditures being requested; clerks who handle the requisitions for and dispensation of drugs. Members of the advisory committee, administrators of programs and various public officials, including members of the legislature, also become involved.

Postgraduate education of physicians in recognition and treatment of the disease has been encouraged through the program. Educational efforts have also been directed to other professions involved in the care of patients through the organization of meetings for specific professional groups; the writing of informational letters and articles, and the organization of institutes.

A review of the first 5 years of the program shows that 178 children have been referred to it. At present, 93 children with cystic fibrosis are receiving some form of attention from the crippled children section. About one-fourth of these youngsters are under the exclusive care of private pediatricians. Most of the others are under the care of one of the two well-known specialized clinics and local physicians, jointly. As both case finding through examination of siblings and increased knowledge of the program have gone on, children are being referred to the program at increasingly younger ages. However, there are also more older children under care now than in the early days of the program because of the success of new methods of treatment and therefore the patients' longer survival, and because of the more frequent recognition today of mild cases. There has been a decrease in hospitalizations due in part to the use in homes of treatment which was formerly done exclusively on an inpatient basis. Current methods of treatment also appear to have greatly lessened the frequency of severe respiratory infections.

Social Services

At the present time many families initiate their contact with the crippled children section by mail, through the use of an application blank, in which they are encouraged to check the items with which they will need assistance and to write further about their problems, as well as to give certain data about their family size and financial status.

Determining financial eligibility is considered only one part of the social evaluation. Usually the family has an initial interview with the medical social worker either in the State office, in one of the regular orthopedic clinics throughout the State, or at home. This evaluation is useful not only in determining eligibility, but also in establishing such a relationship with the family that whatever assistance the family might receive, whether through casework or through financial aid, will bolster the family's feeling of confidence and foster its ability to handle its many problems.

The following examples show the variety of needs revealed:

1. Mrs. T came into one of the orthopedic clinics of the crippled children section in order to see what assistance could be given in arranging for the examination of her 6-month-old baby. She had learned, through the visiting nurse, that the cystic fibrosis program existed. Although she had had the same family doctor for a number of years, he apparently had not known of this program, but had given his consent to the mother's approaching us. Mrs. T said she was worried about the baby having the same symptoms as another child of hers who had died, apparently from cystic fibrosis.

Arrangements were immediately made for the baby to be examined at the closest medical center. In the course of the discussion with the medical social worker, the mother expressed insecurity about telling her oldest child, aged 5, about the baby's visit to the hospital. She said that the older child after having undergone a tonsillectomy, had told her he had looked all over the hospital for the baby sister who had died and couldn't find her. She explained to the social worker that she had not been able to tell the child about the baby's death.

The medical social worker helped this mother think through ways of handling the child's reaction to his sister's death and to the new baby's illness.

Cystic fibrosis was ruled out in this case and no financial assistance was necessary, since the family was able and willing to pay for the diagnostic workup. The social worker feels that the brief contact will enable Mrs. T to deal with her children's questions in a more satisfying way.

2. Mrs. B came to our office for an interview with the medical social consultant and a clinic pediatrician, after learning of the program through the parent of another child. Her child's condition had been diagnosed as cystic fibrosis about 9 years earlier and the treatment had always been through a private physician who lived far from her home. The mother said that there had been times when the family had been in debt for medical care and drugs for over a year at a time.

In this case medication was supplied for the child by the crippled children's section. In later discussions, Mrs. B revealed a number of family problems. She was encouraged by the social worker to use community casework services. Her physician, however, informed the pediatrician of the crippled children's section that she considered herself able to handle all the family's problems.

3. The mother of a child known to have cystic fibrosis wrote to us asking for assistance with medication. Her letter mentioned that she was divorced from the child's father and had remarried. When the medical social consultant visited her home, she found that the mother was pregnant and had been worrying about the possibilities of the expected child having the disease. The family was wealthy, and the mother immediately dropped the idea of accepting a share of any surplus of medication the program might have when she learned that it was a tax supported program with a very limited budget.

The medical social work consultant believes that her visit gave this mother considerable reassurance, both because of the interest she showed in visiting the home and because she talked with the mother briefly about the genetic factors involved in cystic fibrosis and encouraged her to ask her physician more about the chances of the second child having the disease.

In the course of every evaluation, the important role of the parents in the child's care is stressed in an effort to enhance their feeling of worth, and so help them to carry out the physician's recommendations effectively. As in other programs, the medical-social work consultants work cooperatively with hospital social service departments, with schools, and with other agencies as circumstances indicate.

Common Problems

The most obvious problem in most of the families who come to the program, and often the only one they mention, is financial strain. This is easy to understand in view of the fact that the initial work-up at clinic rates costs about $60 per patient; that the drugs needed may run to an expense of more than $1,000 a year; that high protein, and therefore high cost, diets may be recommended; that the family may lose income when a child's illness keeps a parent from working; that trips to specialized clinics, the recurring need for laboratory work, extra attention and care for respiratory infections, which cannot be ignored in cystic fibrotic patients, are also costly.

Added to the financial strain may be the family's feelings about using money needed for other children for one child whom they have been told will not live long. In some cases, the frequently fatal nature of the illness makes the parents feel that it is not only justifiable, but necessary, that they spend almost everything they have for the sick child. For example, one young mother said that she would not consider having another child because it would be unfair to take anything from Danny. The parents were doing without many of the things regarded by most people as necessities, such as a telephone, but were buying expensive toys for Danny.

At the opposite extreme are the parents who in anger and anguish at feeling so helpless in regard to their child seem to say "what is the use of taking care of this child, why should we sacrifice for him?" One father who had had this attitude became very much disturbed when the child died, while his wife, who had been very giving of herself and her material resources, was able to handle her grief in a less destructive way.

The impact of the diagnosis on the parents is always very deep. In addition to the usual reactions to a chronic illness, parents have to cope with the knowledge that the disease shortens life and that it is due to genetic factors. Indeed we have found that even before diagnosis is established, the genetic causation and the frequently fatal nature of the disease have usually been made known to the parents. As in other conditions, the reaction of the parents to the information about the diagnosis depends on themselves and their relationship. The knowledge that both sides of the family are genetically involved, since both parents carry the affecting gene, can become a strengthening tie or a divisive factor. It also faces parents with the need to consider seriously whether there should be more pregnancies.

The recent addition of a geneticist to the health department staff has opened up ways of using genetic knowledge to help parents. While the geneticist does not deal directly with individual parents, he does give counseling to physicians and to the health department staff.

As is common where there are long lasting problems, the presence of cystic fibrosis in a child may have a profound, very disturbing effect on the family life because of negative feelings of various kinds on the part of parents and perhaps too on the part of siblings. A parent unable to accept in herself or himself the negative reactions to his situation, may become immobilized.

For example, one mother we know feels that no one else, not even her husband or her mother, can take care of the sick child successfully. She interprets the physician's statements that it would have helped to have had an earlier diagnosis as a rebuke against which she needs to defend herself. She finds herself unable to make full use of facilities available—to attend the group meeting of the parents' organization, to apply for housing where eligibility would depend on making known the expenses resulting from the child's condition, or to ask for assistance with hospital bills or drugs.

The child with cystic fibrosis may experience much

discomfort and fear, especially the fear of death. In addition, he may suffer psychologically from being set apart from other children. He may be either kept from attending school or he may have so many absences that he cannot keep up with classmates.

Because of his difference from other children, the child may be subject to the same kind of questioning and other reactions from people as are children with orthopedic problems. The taking of medicine along with meals, the avoidance of certain party foods, the physical appearance, or the failure to attend school may be commented upon. How the child reacts to such differences will be determined by what they mean to him. One little girl objected to wearing dresses because they showed how skinny she was.

The parent-child relationship may be affected in many ways. Parents may concentrate their feelings so much on the fact that the child's life may be short, that they may have unrealistic expectations of themselves and of the child. They may sacrifice themselves and other children in their attempt to undo the tragedy; they may expect too little of the child, in terms of achievement, happiness, and self-discipline. On the other hand, we have seen adolescent children with cystic fibrosis whose parents have apparently reared them with the same kinds of satisfactions and expectations of self-discipline that a well child would have. We have also seen older children with this disease whose parents arrived rather late to the realization that the child was being handicapped in his personality and that help was needed in learning how to control the disease while encouraging emotional and social growth.

Another effect of the disease on the family is in the relationship between the ill and well children. Various reactions may take place among the sick child's siblings, depending upon many factors, such as the general emotional tone in the family, the condition of the sick child, and the age of the other children. Some siblings become afraid that they, too, will become sick and so avoid the very sick child; others become protective of him. Some reactions are not very different from the reactions that the parents have observed between their well children. One mother stated, "She (the sick child) doesn't like to eat things that are different from the family and the other children don't like her to have something special."

The mother of one cystic fibrotic child who was getting along well physically and in every other way commented that the child always wanted to keep up with the well brothers and therefore would be as active as possible. In one family the grandmother complained that the well child was neglected by the mother and made to submit to every demand of the ill child.

Community Resources Used

Thus, the common problems of children with cystic fibrosis and their families are similar to those of families with children having other long-term, potentially fatal illnesses. In the efforts to promote services for these families in their own communities, the approaches are similar to efforts on behalf of children and families needing various kinds of assistance for other reasons.

The individual child and his family get along better if there is understanding and cooperative planning among agencies. The crippled children section's pediatrician, public health nursing consultant, or medical social work consultant may initiate or participate in conferences about specific children. The agencies most frequently called on are public assistance and family service agencies, medical facilities, schools, and the parent group. In every case conference, the staff attempts to point up generalizations which can be used in other situations.

The needs of children with cystic fibrosis who attend school may not be clear to the school administrators or to the teachers. For example, several instances have come to our attention in which the probability of acquiring respiratory infections increased because of administrative regulations in the school system. In one school the children had to put on their wraps before they ate lunch; they got overheated while eating and then had to go outdoors to play. In another school the children had no opportunity to put on wraps before fire drills. While such regulations may have good reasons behind them, we feel it is important to help the school authorities to understand why they must be flexible enough to allow for individual differences in children.

It is also important for teachers to understand the nature of the disease. We found that one child was not allowed to go to the toilet as frequently as needed, because her teacher had thought her frequent requests were merely an effort to avoid being in the schoolroom. Home teachers of cystic fibrotic children may also need help in understanding the nature of this illness, particularly if they are not used to working with seriously ill children.

In our program we often approach the school in-

directly through the parents, whom we encourage to take on the responsibility of letting the school know about their concern for their child, and through the school nurse who lets the administrator and teacher know what the child's condition means. Occasionally a parent may strongly object to letting the school know about the child's condition, but such an objection can be overcome when its basis is understood. We have run into only one instance in which a school would not modify its practices in regard to a sick child after learning of his difficulties.

We have found school social workers helpful not only in working with cystic fibrotic children whose school problems may be intensified by their illness, but also with their brothers and sisters and with their teachers. Siblings need supportive help not only from school personnel, but also from recreational organizations and the significant adults in the child's life. The extent to which public health nurses can be helpful to families of cystic fibrotic children in problems of relationships varies considerably.

Other Resources

The medical social work consultants call on various agencies, according to the needs of individual cases, for funds for items not provided by the program, such as transportation, housekeeping services, or equipment for treatment. We have found family service agencies especially helpful, in localities where they exist, in providing casework treatment of problems of intrafamily relationships.

Occasionally there has been some difficulty in getting family service agencies to accept cases involving cystic fibrosis if the agency sees the illness as the main difficulty. When a family is referred for service to a nonmedical agency, a prior consultation with the agency's social worker may be necessary for the case to become accepted.

There are various ways in which the program's medical social work consultants help workers from nonmedical settings with such a case. They may help these workers to determine the extent to which the family's reaction to the diagnosis is entwined with pre-existing difficulties, or to become less fearful of the child's impending death. They may encourage the agency workers to confer with the physician or hospital social service directly in order to get a better understanding of the situation.

In an institute on children with long-term illness organized for social workers in connection with the State welfare conference, participants asked that considerable time be spent in helping them to learn how to communicate with physicians, especially how to ask for helpful information.

In an effort to acquaint other social workers with the needs of children with cystic fibrosis, a medical social work consultant arranged a meeting and a question and answer period for social workers following a lecture by a specialist in cystic fibrosis.

The program's public health nurse consultants, pediatricians, and medical social work consultants have also spoken at various other meetings to help persons in other organizations and professions in their work with children having cystic fibrosis and their families. We have also made special efforts to encourage better communication between the various professional persons concerned with specific children—such as child welfare worker and physician.

A review of those cases in the program which are under the exclusive care of private physicians indicates that the physicians may not be aware of resources available. This suggests that the public health team may need to take a more active role in helping physicians reach into the community on behalf of their patients.

We are now beginning to work more closely with the State Department of Education's Bureau of Vocational Rehabilitation; for one encouraging aspect of work with cystic fibrotic children is that improved treatment methods are making it possible for these children to survive to young adulthood and to lead more normal lives. In fact, because of these improved treatment methods, it is even possible to forget the admonition that the fully manifest cases of cystic fibrosis are uniformly fatal.

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[1] Andersen, Dorothy H.: Cystic fibrosis and family stress. *Children*, January–February 1960.

The time is gone when a nation could cite, as the primary source of strength, the number of people under its banner. It is now the quality of people which is important.

James E. Allen, Jr., New York State Commissioner of Education, to the 1960 White House Conference on Children and Youth.

HELPING UNEMPLOYED YOUTH—A COMMUNITY APPROACH

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THE DECADES following World War I were accompanied by an unprecedented growth of our large cities, a growth stimulated and facilitated by advances in transportation, communication, and shift of population from rural to urban centers. While it is evident that marked changes in behavior patterns and personal values occurred in all classes of our population, youth were particularly affected. Removed from a simple to a complex society, many young people developed disorganized patterns of behavior.

We can predict that delinquency and other problems which constitute the "Youth Problem" will increase during the sixties, if for no other reason than that there will be more and more young people between the ages of 16 and 21. During this decade some 26 million young people will enter the labor market, and of this number 7,500,000 will not have completed high school.

Students of behavior agree that the youth who does not complete his schooling is likely to have other difficulties. Whether dropping out of school is the cause or the effect of these difficulties is of little consequence. The point that needs underlining is that school dropouts do contribute more than their share to problems like delinquency, illegitimacy, and even narcotics addiction and alcoholism. And there is also no doubt that these young people have greater difficulty getting and holding jobs and have a higher unemployment rate than high school graduates. This fact is central to both the problem and the solution.

Work in our middle-class culture is the most significant way of achieving success. No goal, youth is taught, is impossible—if one works hard enough one can even become President of the United States. Work, then, is not just the means of earning a living; it is also the way one acquires social status. The image of success in our work-centered society is the person who starts at the bottom and works his way up through the shop and office until he becomes the head of the firm. He does this honestly without taking unfair advantage of his fellows, and while he is achieving success, he is contributing his knowledge, ability, and money to community enterprises.

This ideal, of course, is not attainable by many Americans, no matter how hard they try. The individual who is not fortunate, and who has considerable difficulty finding and holding a job, becomes something of a pariah, an object of contempt. His feelings, already bruised by his circumstances, are further assaulted by the culture heroes of the movies

How are young people who drop out of school without having developed any skills or specific interests to find a useful place in society? In the September–October issue of CHILDREN, Dr. James B. Conant described the situation of unemployed youth in our large-city slums as "social dynamite" and suggested that the schools assume greater responsibility for providing guidance services and work experience to young people in and out of school. Here two authors whose job it is to help such young people to become work-oriented present their views of the needs of school dropouts and the kinds of services a community must supply to lead them to an industrious and constructive future.

and television who, without working, live a life of ease and revelry. The youth who has not acquired middle-class beliefs in the intrinsic value of work cannot see why he should "sweat for it" when there are so many "easier and faster ways of making a buck."

What we are saying is that the goals of all youth are governed by what is real for them. Deprived youth are aware of their lack of opportunity, and they set goals which they think are rightfully theirs—goals which they can achieve, no matter how. Often they do not care what they will become, or they create problems because they do not try hard enough or because they use ways to attain their goals which are not socially acceptable. Their behavior is a reaction to a negative cultural setting, and only real understanding and a positive desire to help will stimulate these youth to wish to change themselves.

When personal success is life's most important goal, the close interpersonal relations needed for effective modern day living become difficult to attain. The youth who is driven to reach impossible heights is likely to say, "Why should I?" He is in danger of losing his sense of balance in the drive for individual success and to divert any remaining urges to cooperate into unsocial channels.

Background for Delinquency

In every metropolitan area of this country, many delinquents are recruited from the school dropout group. School, court, police, and public employment office records indicate that many school dropouts get into trouble because they have nothing to keep them busy. Tragically, however, schools and community agencies, although recognizing this fact, have neglected to set up well-rounded, closely integrated programs to help these young people become equipped to participate constructively in adult society. Where there are efforts they *are* usually made with a piecemeal approach.

The idea that any single agency or institution can help these young people to "mend their ways" is erroneous for it fails to consider fully either the nature of their problems or the highly individualized basis for each youth's failure to conform. The choice of other views involves one's ability to disengage oneself from customary ways and means of resolving problems. The writers of this article subscribe to the view that these young people are everyone's concern; that all community agencies, voluntary and public, have a role to play and a job to do if our troubled youth are to be helped to find a path out of the jungle which demands social cannibalism to survive. The important task, therefore, is how to mobilize and channelize all the resources of our communities to help these young people develop an image of themselves as "good workers" and then to take their place in society as such.

The task of pasting pictures onto advertising calendars at the work adjustment center of the Jewish Employment and Vocational Service in Philadelphia provides these two young people with an opportunity to learn work disciplines.

Society in America is to a certain degree stratified along socio-economic class lines and most of these delinquent youth come from the lower socio-economic groups. These classes are, in a sense, subcultures with their own traits, standards, and values. Thus, the middle class places great values on close family life, good education, "proper" use of leisure time, the church, and other community institutions. The middle class, accordingly, values morality, respectability, and "striving" to better oneself and family. The class from which most of the school dropouts come requires different responses of its young in terms of learning and goals. It punishes or ridicules what the middle class rewards. Social skills in this class are quite different and aggression is usually approved behavior.[1-3]

The hostility, defiance, resentment, and deep feelings of not being wanted of many disadvantaged young people result in unsocial acts because this is the only way they have of expressing their feelings. Their need to talk with and work with someone who will ask and not blindly demand, must be recognized.

The trauma of school failure can only be ameliorated by the use of interdisciplinary skills, close individualized supervision, and the establishment of clear expectations, and these are not found in the usual school setting. In short, while the schools have a responsibility to adjust their programs to keep potential dropouts in school insofar as possible, training young people to develop attitudes and motivation for work can be accomplished more effectively in a work-oriented environment by persons with particular skills and orientation.

The Philadelphia Program

To illustrate this point it will be useful to review quickly what can be done to help young people find their way into the world of work. We cite what is going on in Philadelphia because there a progressive city administration has been attempting to resolve many of the problems, because the school counseling program is competently administered, because there is an effective employment service which has proved that many school dropouts can be placed in employment, and, lastly, because there is a network of voluntary agencies, which if properly mobilized and fully used could add the necessary impetus which thus far has been absent.

On one occasion all agencies of the community supported the efforts of the local office of the State Employment Service to help the "hard-core youth," that is, the out-of-school, unemployed, and untrained young people, aged 16 and 17, living in a neighborhood ranking highest in the city in delinquency, crime, illiteracy, poverty, desertion of children, and illegitimacy. Seven hundred and eighty-two boys and girls were dealt with by just two counselors, with rather striking results because for the first time someone actively involved these youth in their own rehabilitation. This experience shows that young people like these can be helped, that they desperately want to be helped, and that some suffer anguish because of their failure to adjust. Altogether 242 of these youth (31 percent of the total) were placed in competitive employment through the provision of considerable counseling (2,511 interviews) and a tremendous number of phone calls and visits to employers (5,839). The small number of youth (3) who failed to accept an employer's offer of a job indicates how much help the counselors gave and how much these youth learned. More important, none of these youth created a serious disturbance at his place of employment.

The Philadelphia counselors found that these young people need constant stimulation. If allowed to drift, they revert to their old habits; but if they learn to seek stimulation, they adopt the approved standards of our society. They are more realistic about their status and role with respect to work than we assume. Generally, they aspire to and will perform best in low-paying entry jobs which are not sought by mature, experienced persons, so that any fear that the placement of youth will displace married men is ill-founded.

Another noteworthy fact emerging from this project is that, for these youth, vocational goals are meaningless unless placement in a job follows quickly. Unless the boys and girls see the results in terms of at least a referral to a paying job, they become impossible to reach.

The School's Role

An additional conclusion may be drawn from the employment service's experience. Even in the subculture in which so many of these unemployed youth live, some kind of work is essential. Since a person's adjustment to work depends on his life's experience, these youth are handicapped because their previous experiences had been thwarting and negative. The community must find some way to help these youth become good workers. Young people who are potential school dropouts need to be identified by the schools at age 14 or 15 and referred to a community agency which is equipped to give specific help and professional attention to each youngster while he is still in school. The help these youngsters need cannot be given in classrooms or schools because they have already failed to adjust to the institutional setting which is the school. This failure accounts for much of their anxiety and hostility. The school, however, has an obligation to re-examine its program to find ways of making these young people's school experience at an earlier age an interesting rather than a frustrating experience.

The schools, of course, should have a responsibility for these youngsters until they are 18, but there is some question whether schools typically are able to cope with and help them. It would seem, therefore, that the schools' responsibility can be wisely exercised by referring these youth to a community agency which is non-institutional and which is adult in character. Work in a realistic setting where authority is permissive, and where the youth have an opportunity to develop skills and habits in terms of their own achievement, will help them to adjust better. In this type of environment, their basic

needs for self-determination and independence are met, and they gradually develop the self-image of a "good worker."

Formal institutional training usually fails with these youth because the youngsters themselves cannot be categorized. More important is the fact that institutional training symbolizes a continuance of the dependency which the school setting incurred. This is, perhaps, the most important reason why many of these youth fail to enroll in trade or business schools when they leave school.

Some Suggestions

Several general solutions are often suggested for the youngster who cannot accommodate themselves to school. They may be summarized as follows:

1. *Removal of the youth from school to prepare him for work* in a real work setting as a trainee or apprentice.

In a nonschool environment the youth has a chance to develop skills, learn to get along with other workers, develop personal responsibility for his productivity, build tolerance for work pressures, develop such work habits as punctuality and observance of rules. Since these factors constitute the American image of a good worker, this solution would help some of these drifting young people.

This way, however, is not suitable for most of these youth because they are not ready to work—they first need to be helped to see that they can work. Moreover, there are few on-the-job training opportunities for youth generally, and disadvantaged youth are simply not able to compete for them. The proposed Federal "on-the-job training" program would increase the number of such opportunities.

2. *Additional vocational training in a school setting* either directly or cooperatively with industry.

This is an extension of the school's authority against which these youth have already rebelled. As a matter of fact, it has been observed that traditional vocational training programs usually exclude the "low-level" youngsters because they do not have the "aptitudes" or "interests."

3. *A public works program.*

This, in the opinion of most persons concerned with unemployed youth, is a necessity. Such a program requires considerable planning, supervision, and money. As of this writing, the City of Philadelphia has been able to provide work for only 200 youth. The results achieved in cutting down delinquency and truancy among those so employed have been gratifying.

4. *Work-adjustment training.*

This involves removing the youth from their pattern of failure by introducing them to adult work, thus breaking the pattern of resistance and immaturity and nurturing maturation of personality. For many young people this type of program may lead ultimately to a return to school during the evening because the school will have a meaningful supplementary value. Many others may also be helped through this means to become "good workers" and contribute to the welfare of their families and communities.

Work-adjustment programs are relatively new and are sometimes known as "job adjustment" training. Generally, work-adjustment centers represent for disadvantaged youth a greater opportunity to learn and see how they can compete. The centers enable them to test themselves in a variety of work settings, achieving on many real work tasks, until they build tolerance for pressure and ability to integrate and organize their energies.

Work Adjustment Training

The Philadelphia Jewish Employment and Vocational Service, a voluntary community agency, has operated a work-adjustment program since 1957. Conducted in an industrial workshop with a true work environment, it is used to assess work tolerance and capacities. With the aim of rehabilitating persons of all ages who have emotional and mental handicaps, the program is supported by the Office of Vocational Rehabilitation as a research and demonstration project.

In the program a good work personality is developed by controlling and manipulating psychosocial factors and working conditions. Dealing with youngsters with all kinds of behavior problems has shown that these youth create an emotional shell over their feelings because they cannot tolerate their own anxieties. When confronted with rigid authority they break through this shell with highly explosive reactions. The programs of the Work Adjustment Center of JEVS provides a benign authority and enables the trainees to relate with and develop a trust in authority. It permits them to express healthy natural dependency feelings. The freedom of being without conflict in a wholesome, modulated work environment helps them to begin to channelize their energies toward constructive ends.

Placed in this environment, the individual youth receives encouragement, praise, and direction from an industrial foreman who is firm, consistent, and understanding. The youth begins to work through his problems of learning to be a "good worker." He takes an interest in his productivity. His interest is reinforced because he receives pay for the quantity and quality of work he produces. He learns that in competitive industry one must be able to produce and get along with supervisors and peers. He learns this positively through praise, monetary rewards, and negatively through loss of pay and privileges. This is the pattern of American industry. Unless the individual learns these lessons well, he is not ready to plan for vocational training, work, or return to school.

An Individualized Process

Work-adjustment training is a highly individualized process since all youth do not react alike. Included in the process are supplementary techniques such as individual and group counseling, and the auxiliary services rendered by other agencies—family casework, psychiatric treatment, and job development and placement. Parents or other responsible family members are helped to understand, cooperate, and participate by interviews with the psychologists and counselors. They can be involved without feeling threatened, for there is nothing punitive or legalistic about the program. Contrast an invitation to see Johnny working, being accepted, and trying to succeed, with an order to come to school because he is failing, is truant, and generally troublesome.

Work includes much more than skills. Persons fail to secure or hold jobs because of factors other than occupational skills in the ordinary sense. The problem of placing the youth, therefore, requires that the counselor help the youth demonstrate to a prospective employer that he is the kind of person who can perform the required tasks and can become a member of the production "team." In the program the young person is prepared for this by being exposed to a variety of work tasks.

The rationale of the program is to make Johnny flexible first, then get him started in employment. If Johnny is really prepared by his shop experiences, he will have the psychological integration to stimulate himself first to be a successful worker and then to seek advancement. Having successfully completed a work-adjustment program, finding a job becomes easier. Johnny will use our placement facilities and those of the State Employment Service, the State Bureau of Vocational Rehabilitation, or any other agency or person, because he has developed a tolerance for work and a way to accommodate to his peers and supervisors. And most important, he has subdued or learned to live with his anxieties.

Vocational counseling in this program capitalizes on all the gains and growth which the individual has made in the program. The counselor starts at the point the youth has reached as a result of his work-adjustment training. The counselor recognizes that Johnny is a unique individual who must learn to make his way in a complex world which demands continuous interaction with others. Determining what Johnny needs to do to adjust, the counselor supports his efforts to learn more about himself as a worker. He teaches him how to define goals and find good ways of achieving them.

The responsibilities of the counselor do not end when Johnny is adjusted to a job of his own choice. Even after the youth succeeds, he often needs to be helped to take additional steps toward reaching a maximal level of employability. Will he need additional training, and, if so, when and where? Questions such as these are relatively easy to handle. In areas dealing with interpersonal relations, answers are usually not as obvious. But, only when the youth can find them will he be rehabilitated.

The reader will gather from this article that there is considerable work for every agency. A complete program for all youth will include adequate schooling and educational and vocational counseling plus work-adjustment programs as indicated.

A total program is now possible. We need, however, to find ways of defining lines of authority and responsibility. Agencies need also to learn to respect and use each other if they wish to help our youth.

A comprehensive, integrated program is not cheap in terms of money or agency prerogative. It is, however, an inexpensive way to bring better and happier lives for youth; and it will result in huge savings on maintaining institutions, courts, police, and other agencies concerned with social and individual breakdown. We no longer can afford the luxury of postponing cooperative efforts on behalf of disadvantaged youth.

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[1] Witmer, Helen L.; Kotinsky, Ruth (editors): New perspectives for research on juvenile delinquency. U.S. Department of Health, Education, and Welfare. Children's Bureau Publication No. 356. 1956.

[2] Teeters, Negley K.; Reinemann, John O.: The challenge of delinquency; causation, treatment, and prevention of juvenile delinquency. Prentice-Hall, New York, 1950.

[3] Polsky, Howard W.: Changing delinquent subcultures; a social-psychological approach. *Social Work*, October 1959.

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With the goal of improving the quality of foster care a child placing agency experiments in . . .

THE USE OF GROUP METHODS WITH FOSTER PARENTS

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IN THE PAST 30 YEARS there has been considerable change in the reasons children are placed in foster homes. Foster home programs, like children's institutions, were originally developed to care for orphans—children who had lost one or both parents through death. However, advances in medical science have sharply reduced the number of orphans in the United States, while social security programs have enabled mothers and children to stay together even if the breadwinner is no longer with the family.

This implies then changes in the kinds of children who are placed in foster homes and in the task of foster parents. As a result foster families must give much more than food, shelter, and love to children. They must become part of a child-care team of experts, helping children who are emotionally upset and who face more than the usual problems in reaching adulthood.

Today in the United States there are 268,000 children in foster care boarding homes and institutions. The recent Child Welfare League of America study of children in foster care shows that ". . . the single most important cause of foster placement of children is marital breakdown."[1] The adverse affects of parental conflict on children shows up in the children's difficult behavior.

Family and Children's Service of Greater St. Louis, a voluntary agency offering family casework and child welfare services, conducted an agency self-study in 1959. This study included an analysis of children in foster family care. Two-thirds of these children were from broken homes. They showed severe problems requiring the most skilled casework or psychiatric treatment. The behavior of these children was described as immature, anxious, withdrawn, schizoid, or acting-out. The study raised the question of how we could increase the ability of foster parents to meet the needs of such disturbed children.

Traditionally foster parents have considered themselves good people with an abundance of love for children. They have expressed this love through opening their homes to children. However, most foster parents have not expected or been prepared to deal with children showing such a magnitude of problems, nor have they anticipated the constant shadow of the child's own parents in his life or the active role of the agency in caring for a foster child. The study indicated the need for additional ways of helping foster parents come to grips with these problems and provide the best possible care to children.

This need was highlighted further by other findings in both the agency self-study and the Child Welfare League study. The agency's study showed that one-third of the children in foster care were not having their needs fully met in the foster home—both because of the severity of the child's problems and the limitations of the foster parents. It also showed that 20 percent of the children in care had been moved from one foster home to another. The Child Welfare League's study showed that emo-

tional disturbances were greatly increased among children who were placed in a succession of foster homes. These findings raise several questions: How can replacements be prevented? How can turnover of foster parents be reduced and a more experienced, skilled group of foster parents be developed?

We have found that foster parents first begin to grasp the concept of working with the agency to help children when their home is being studied as a possible foster home. They also begin to anticipate the impact on their family of including a child not their own—a child with more difficulties than their own children ever had. Then, the caseworker responsible for the child to be placed establishes a working relationship with them to develop their skill in helping this particular child. The foster parents and the caseworker also focus on the adjustments the foster family will have to make to enable the members of the foster family to help the child become part of their family and their community while he lives with them.

A Supplementary Method

After the agency's study was completed it was decided that an additional method was necessary to help foster parents to learn more about helping children and to work with the agency for this purpose. Therefore in 1959, the agency initiated a series of group meetings with foster parents.

The group method was chosen as a way to achieve certain goals more effectively than is possible on an individual basis. It in no way takes the place of the work of caseworker and foster parents in relation to a particular child. Instead, it supplements this individual relationship, and makes it more effective by increasing the foster parents' understanding of their own and the caseworkers' responsibility.

A major goal of the group discussions was to increase the foster parents' identification with the agency. We felt that, if foster parents were identified with the agency, the agency and the foster parents could develop mutual goals for helping children and then clarify the respective roles of foster parents and agency in meeting the needs of foster children. These achievements would then make it possible to anticipate a much more effective working together on individual cases. We also felt that through the group discussions, foster parents' understanding of children's behavior and the meaning of placement of children might be increased.

We felt that through using the group method, foster parents and agency staff alike would be able to learn from each other and to find support in their struggle with specific problems. The foster parents would be enabled to consider their own functioning as part of a larger whole and to express anxiety and negative reactions more comfortably within the group than otherwise. The group discussions might also make it possible for the foster parents to achieve a better understanding of changes in their foster child's behavior and to make appropriate changes in their methods of handling him, as well as for the agency to achieve a better understanding of foster parents' problems, which might lead to changes in agency policies and procedures.

If the above goals were achieved we felt sure there would be a smaller turnover of foster parents, development of a group of more experienced and more skilled foster parents, more effective service to children, and fewer replacements.

It is too early to tell how near we have come to achieving these goals. However, there were no replacements of children during the first year of the new program. Moreover, a questionnaire answered by foster parents in the spring showed a majority liked the group meetings and considered them helpful.

Altogether six 2-hour monthly meetings were held with each of four foster parent groups during the 1959–60 year. The groups were made up of (1) people boarding children beyond infancy and, (2) people boarding infants, most of whom would be going into adoptive homes at an early age. The

A caseworker from the Family and Children's Service of Greater St. Louis leads a group of foster parents in a discussion of the problems and possibilities of foster care.

second group was divided into three sections based on geographic location of the foster home. The groups were interracial. Meetings were held at night so both foster parents could attend.

Notices of the meetings were sent to all foster parents who were boarding children at the time, but participation in the groups was voluntary. Altogether foster parents from 53 different families attended at least one meeting. The discussion leader for all the meetings was a staff member of the agency's foster home department primarily engaged in home finding. The caseworkers responsible for the children in foster homes were not invited to the meetings lest their presence inhibit discussion about problems or cause too much focus on the specific problems of a particular child. While the number of people at the meetings varied from 8 to 20, a group of 10 to 12 seemed to be the most effective size for discussion.

Changes Indicated

The experience with this plan during the first year seemed to call for some changes and additions. We wondered whether other caseworkers should participate in the meetings. However, when a meeting was held with two staff members present we found this tended to divide the group and decrease the foster parents' identification with the agency. Also, it might have prevented the foster parents from criticizing the agency and its caseworkers. When such criticism did arise in the meetings, it resulted in increased mutual understanding between foster parents and agency. Therefore, we continued the plan of having one person serve as discussion leader for all meetings.

During the 2 years of the experiment the foster parents were not actively involved in program planning for the meetings, though their ideas for future meetings were requested at the close of each meeting. Further meetings of this type, we believe, should be planned by a steering committee, composed of foster parents and staff.

We found too that the changing attendance at each meeting tended to slow down the process of the group and to necessitate considerable repetition for some members who attended every meeting. Therefore, it is recommended that, in such experiments, minutes of meetings be taken and mailed to all members. Another recommendation growing out of our experience is to establish a small group of foster parents who give care to older children to meet with the caseworker responsible for these children, requiring their attendance as part of the responsibility foster parents assume in caring for such children. This group is functioning on a more intensive basis than the others.

The first meeting of each group has been used to interpret total agency program and services and to clarify the foster parents' role in this larger framework. Succeeding meetings focused on development of children and the meaning of and reaction to placement—both for foster children and foster parents. Though these meetings have an educational base, the group discussion method of drawing on the experience and knowledge of the participants is used rather than a lecture approach.

Some meetings have focused on discussions concerning agency procedures and problems unique to boarding children. In these the foster parents have tended to concentrate on problems of dealing with visiting parents and on trying to determine the agency's role and their own role in every area of foster care.

Identification with the agency and a developing awareness of the foster parents' part in the team approach to child care has come about through many different discussions during the meetings. For example, in one group the initial discussion about the total agency program revealed that people in the community often turn to foster parents for help with specific problems because they recognize foster parents as being part of an agency that helps people. After this meeting there was an increase of referrals from foster parents to the agency of people needing counseling services. The foster parents identification with the agency enabled some people to accept referrals who might otherwise have been unable to do so.

Handling Hostility

In one meeting, some of the foster parents expressed considerable hostility toward the agency. This showed up at first in the form of complaints about foster parents having to wait too long between placements so that they were frequently without children. The leader's response to this question indicated her failure to understand that these complaints reflected the foster parents' concern as to whether or not they were needed or were worthwhile. Her enthusiastic philosophical comments about early adoptive placement being the agency's goal—implying this was good whether or not foster parents liked it—represented defensive intellectualization rather than an encouragement of the expression of angry feelings so they could be resolved. If hostile feelings

toward the agency exist among foster parents, it is necessary for them to be expressed before the foster parents can take on a more positive identification with the agency.

On the other hand, another meeting showed the way in which criticism could be turned back to the group and be used to develop active, positive participation and increased group and agency feeling. A foster mother asked if the agency were going to continue to use the baby books, and criticism of these books ensued on the grounds that they were not appropriate for pre-adoptive infants and needed to be designed specifically to serve as a record of the child's development in the foster home, which could be passed on to the adoptive parents for continued use. As a result, a committee of foster parents who volunteered for the purpose, meeting with the group leader, developed a new baby book and presented it at the next meeting.

The committee members were so enthusiastic about their project that they planned refreshments for this meeting. Since refreshments in the past had come from the group leader, this act seemed symbolic of two things: (1) celebration of a completed task; (2) a reflection of the foster parents' growing freedom in participation and their wish to make the group theirs. The foster parents continued to bring refreshments to succeeding meetings.

Identification

I have already stressed the importance of foster parents being identified with the agency. The following excerpt from minutes of a group meeting shows how one foster mother's failure to be identified with the agency had interfered with sound planning for a child:

> Mrs. L tentatively raised the question that is bothering her most. She asked, "What are you supposed to do if you've boarded a child, the child returns home, and then the parents come back to you asking you to take the child?" (Mrs. L had taken the child in and failed to notify the agency.) The leader asked the group to react to this. Mrs. A said, "Well, you wouldn't take the child without notifying the agency." Mrs. C nodded agreement and stressed this too. Mrs. D said, "Well, of course you'd notify the agency," and there was general agreement and shaking of heads.
>
> Mrs. L continued: "But what if you can't get hold of anybody at the agency?" Several in the group spontaneously responded with comments that you can always get in touch with someone. Mr. J suggested that the agency prepare foster parents for something like this if they anticipate such a problem occurring.

Mrs. L was clearly acting on the basis of her own feelings without awareness of her responsibility as an agency foster parent. Previously, in individual contact with an agency staff member, Mrs. L had defended her action and failed to be convinced that she might have handled the problem differently. Her efforts to project or explain her behavior were not successful in the group. The other foster parents did not support her defense, but rather helped her to see that foster parents as part of the agency can comfortably turn to the agency for help with problems.

The foster parents' conflicting feelings about being foster parents came out quite strongly in several meetings. The group discussions, as well as the fact of meeting and knowing other foster parents, seemed to bring an increased sense of status in being foster parents. We are counting on this increased pride in the role they have taken on to help with the interpretation of foster care in the community and in the recruitment of boarding homes.

The foster parents' revealed that they usually meet with two different attitudes in the community in regard to the fact that they board children. One is critical: Why take care of someone else's child and let the real parents get away with not assuming responsibility? The other attitude is sentimental: How wonderful foster parents are to help some poor, helpless child! In their group discussions many of the foster parents came to grips with their own motivations and said that they boarded children because they enjoyed it and were getting something out of it for themselves as well as helping a child. They seemed to gain a great deal of support in being able to bring feelings into the open in a group having similar experiences.

Specific Problems

The group discussion method of dealing with specific problems involving clarification of both foster parent and agency roles is illustrated by an excerpt from the minutes of one of the meetings:

> In discussing visiting parents, Mrs. J said: "I think all visits with child and parents should take place in the agency office. Why isn't it done this way?" Mr. and Mrs. M both spoke up saying they had had problems with visiting parents—one mother had stayed until 1 a.m. and then had to be driven home because the buses were no longer running. Mrs. C chimed in about the child she's boarding—the mother is supposed to come at 11 a.m., but doesn't show up until 3 p.m., and, since this mother is "mentally upset," Mrs. C is afraid to say anything to upset her more. Mrs. J asserted that she is capable of taking care of babies but not of problem parents—"that is the agency's job."
>
> The leader said she wondered what experiences other foster parents had had. Mrs. A said she and her husband never had

any problems with visiting parents; they are just "very definite" with them. She added, "Don't let anybody take you for a fool." Mr. A supported his wife, saying, "you have to be firm and definite." Mrs. M asked how to do this, since when you're nice to the mother she takes advantage of you. Mrs. K stated she had been very firm with parents and told them to leave when the visiting time was up. Mrs. J and Mrs. R said that perhaps Mrs. A and Mrs. K could do this, but they could not tell parents they had to leave the house.

Mrs. C and Mr. and Mrs. M expressed relief that other people had this problem. They said they had wondered if they were doing wrong or not handling the problem correctly, and were encouraged to know that it must not be entirely their fault.

The leader raised the question of whether or not the foster parents had contacted the agency when problems had come up about visiting. They said they had hesitated to get in touch with the agency because they thought they should be able to handle the problems themselves. Mrs. A pointed out that agency and foster parents work together and that the agency could be of help. The leader pointed out that the agency expects problems, and that while neither the agency nor the foster parents can handle every situation perfectly, both could do a better job through working together with confidence in each other.

At the end of the discussion, Mrs. C and Mr. and Mrs. R said that they have had bad experiences with visiting parents, but that they think they will be able to do a better job in this area in the future.

This illustration shows the lack of confidence several foster parents have in their own ability and their hesitation in revealing this to the agency. The people involved gained considerable support through the group discussion and were able to feel more confidence in themselves when they discovered that others had the same problem they had.

Some of the group meetings were devoted to discussions of children's behavior. For example, the group leader opened a meeting with some brief remarks about how children's development follows certain stages or patterns, emphasizing the unevenness of emotional development and the tendency and necessity for regression when the child is under stress. She asked the group if they had illustrations of this. One foster mother said that her 3-year-old foster child wanted to be held and wrapped in a blanket like a baby. She and her husband had met the child's request but were uneasy about it. Most of the members of the group then gave examples of regression and how they had handled it, and some commented after the discussion that they now had more understanding or comfort in dealing with this phenomenon.

This discussion shows how members of a group can produce meaningful and helpful material out of their own experience, and so help other foster parents increase their knowledge about child development.

About a year ago our agency made a survey of 18 family and children's agencies in the country, requesting information about the use of group meetings with foster parents. Nine agencies replied that they did not have group meetings with foster parents on a regular basis. Some had an annual meeting; some had tried group discussions in the past; and others wanted to develop a program but did not have staff time to do so. Five agencies described programs of foster parents' meetings or clubs, and reported positively on the values of such meetings.

For example, one agency wrote: "We cannot emphasize too much that caseworkers and foster parents began, and are continuing, to integrate in their thinking and in their work the concept that each is part of one agency, that each has a specific job to do which the other must understand and respect, and that one cannot go ahead if the other is left behind alone."

Our own experience as described here has led us to believe that group meetings with foster parents, using group discussion techniques, are of value in developing better working relationships between foster parents and agencies in helping children, and have increased the foster parents' understanding of their own and the agency's roles; their confidence in carrying out their functions, and their knowledge about children's behavior and needs.

[1] Maas, Henry S.; Engler, Richard E.: Children in need of parents. Columbia University Press, New York, 1959.

Could I climb to the highest place in Athens, I would lift up my voice and shout: "Fellow citizens, why do ye turn and scrape every stone to gather wealth and take so little care of your children to whom one day you must relinquish it all?"—*Socrates, 400 B.C.*

A study reveals many personal and family factors having a bearing on . . .

MATERNAL EMPLOYMENT AND CHILD REARING

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"WHAT ARE the effects of maternal employment on children?"

Unfortunately, when this question is posed in *this* way no really scientific answer can be given, for the question is posed much too simply. It is only slightly more meaningful than the question: What are the effects on children of the *non*-employment of mothers?

An evaluation of existing research [1] permits only the interpretation that maternal employment has little or no effect on child development—or that employment can be related to almost any kind of outcome. Those few differences reported in the literature are not consistent with one another and hence only add to the impression that mothers' working can be dismissed as one of many factors affecting the directions in which children develop, probably not a very important one. But I think these conclusions are in error. Mothers' working or not working, translated into relevant conditions of the psychological environment and of the parental role, must surely make a difference if existing developmental theory is valid.

Maternal employment is a very special kind of variable in the study of child development. It is *not* like social class or developmental stage or sex, each of which is composed of a relatively predictable set of interdependent attributes. Psychologically speaking, maternal employment is composed of many different factors not at all similar from case to case. These differing factors need to be disentangled in investigating influences of a mother's work role on the child.

Proceeding toward such disentanglement—maternal employment is, first, a psychological variable in respect to its *meaning* to the mother. Thus it may variously be a contributor to self-esteem, a focus of critical inner conflict, a personal competitive weapon, a means to economic survival or the attainment of social goals, an escape, or an involvement received supportively or hostilely by the significant people in her life.

All of these meanings and many more are represented in mothers' decisions to work or not. Research, therefore, might well be directed to finding out what the consequences are for the mother's relationships with her children for her own personal frustrations and failures, her feelings of fulfillment and attainment, or her resentful assumption of a parental dominance role abrogated by her husband as these are linked with employment or nonemployment. But it would seem of doubtful value to combine these differences into one group of employed mothers, and to look among them for common family or child-rearing characteristics.

Levels of Variables

Let us call the *personal meaning* of maternal employment a first level variable, for purposes of later reference. There are also second and third level variables to be considered in reformulating the question of the significance of maternal employ-

ment in the child's development. At the second level, mother's work may involve any of a number of *structural* changes in the rearing environment. In the traditional family in our society, the child's rearing is the responsibility of a pair of parents, with the mother assuming primary care and socializing functions, and the father, less present, assuming specialized or more diluted responsibilities; and with the first influential nonparental figure coming into the child's life at the time of school entrance. Maternal employment may alter this structure of rearing, but not uniformly.

The mother's working may bring several authority figures and affectional figures into the child's life at an early age. Working may separate child and mother. It may bring the father into prominence as a rearing agent. It may magnify the significance of the child's friends of his own age. In these *structural* variations we have the variables most relevant to the child's development but they tend to get lost in research under the label of maternal employment.

The third level variable: Working may result in changed child-rearing practices of the kind investigated most frequently—such as the techniques of control, the degree of supervision, the nurturance of dependence and so on. But it does not seem sound to begin to look for variations in these patterns associated with work status unless the intervening conditions (levels 1 and 2) are taken into account. Even if specific aspects of rearing patterns were to show differences between working and nonworking mothers, we would still find ourselves in extremely difficult and speculative positions in attempting to "explain" the differences.

An illustration comes from an interesting study by Hoffman [2] and reviewed by Stolz. They discuss a finding of differences between working and nonworking mothers in the amount of affection shown their children. Working mothers are reported as showing the greater affection. Hoffman offers the hypothesis that working mothers who enjoy their work are motivated out of guilt feelings to show greater affection toward their children. Stolz suggests the alternative that both love of work and love of child derive from common positive underlying factors in the mother's personality. What then can we conclude about consequences or correlates of working as they are likely to affect the child? If we make the big step from work status to mother's specific rearing behaviors, we will inevitably end up with data ambiguous in meaning.

Maternal employment should open our eyes to the importance of studying certain maternal factors to which child development research has not given much attention. These are: variables in the life situation of the mother as a person, her identities as a woman, and the interaction of these factors with her mother role. This opens a wide door, but here I will touch only on factors which relate to the meaning of the work role for the woman, and the meaning of the nonwork role.

Meaning of the Work Role

In designing a recent study of maternal employment carried out at the National Institute of Mental Health, Department of Health, Education, and Welfare, we selected five areas about which women have attitudes, goals, satisfactions: (1) What ideology does the mother have regarding *masculine-feminine* roles? (2) In her conception of a "full" life for herself, *what roles does she see* for herself? (3) What are her strivings and attainments with respect to *personal achievement?* (4) What goals are fulfilled by combining work with wife and mother roles? (5) Out of the complex of status factors, responsibilities, personal relationships that constitute mothering, what is the chief meaning of mothering to her?

Our sample was 100 mothers—50 working, 50 not working—from middle and upper middle social classes, white, suburban or urban. The families of all were intact; all had children of elementary school age. The families of the working and nonworking mothers were comparable in size and in the age and sex distribution of the children.

The variables we studied were: (a) qualities of mothering that we regarded on continua of *deficiencies to adequacies*, and (b) *differences* in rearing not necessarily reflecting a "good" or "bad" dimension.

In group (a) we specified a number of essentials for "good" mothering. For example: At a cognitive level, a good mother has some formulated principles regarding child rearing, some awareness of direction. These principles include recognition of the importance of supporting the individual potentialities and growing independence of the child. The practices of the "good" mother are not glaringly inconsistent with her principles. She is able to provide clear limits for the child, and to provide controls in the child's environment which are accepted without pervading conflict between child and parent. The "good" mother's relationship with her child reflects sensitivity to his needs, gives emotional

satisfaction to the mother (to the child, obviously, as well, but this we could not measure). She is confident about her child rearing, though she is not necessarily without problems. Each of these variables was considered individually and a quasi-scale of adequacy of mothering (the sum of ratings) was also used.

The variables in rearing not necessarily reflecting adequacy of mothering included different techniques of discipline, degree of strictness, mother versus father's role in discipline and affection, permissiveness of aggression, independency training, intellectual achievement motivations of mothers for their children, sex role typing, and parental participation with the children.

First, we looked for an answer to the research question everyone asks: Do working and nonworking mothers differ? Our data provide an overwhelmingly negative answer, both in "adequacy" dimensions and in differences in rearing.

Here are several examples: Clearly formulated principles for rearing children were expressed by 54 percent and 46 percent of the working and nonworking mothers, respectively. When the area of control was evaluated in terms of the degree to which mother or child was in control, in 4 percent of the cases in each group the child, not the mother, was in control; in another 18 percent there was persistent jockeying for control by mother and child.

The only suggestion of a difference between the two groups appears in the greater frequency of occurrence of marked overt rebellion and outbursts of protest by the children of nonworking mothers (28 percent as compared with 10 percent in the children of working mothers). Nonworking mothers are rated slightly higher in reflecting sensitivity to the child's needs (30 percent as compared with 12 percent are rated high in sensitivity.) Fewer of the nonworking mothers (24 percent) express lack of confidence within the child-rearing role than do the working mothers (42 percent).

Two dimensions in which differences between working and nonworking mothers were anticipated but in which no differences were found are sex typing and time spent with children. The two groups show no difference in mothers' philosophy or practices regarding social sex roles in the rearing of boys and girls, and (using assignment of household responsibilities as one indication of sex roles) are equally likely not to adhere to traditional sex roles. On the basis of the kinds of activities mothers reported sharing with their children, evaluations were made of how much the mother participated in activities primarily of the child's interest. Thirty percent of the working mothers and 16 percent of the nonworking mothers were rated high in participation with the child in activities planned around the child's interests. While this is not statistically significant, it is evidence against the expected direction of difference.

Role Preference

We then refined our grouping of mothers to take into account the meaning of work and nonwork. We discarded one variable, masculine-feminine role ideology, for in this the mothers were much alike. Except for a very small extremely "feminine" group, differences among the mothers were so minor that we could not use this variable for subgrouping.

Our next variable, the woman's preference regarding working or not working, provided four distinct groups: working mothers who preferred not to work, working mothers for whom work was the desired state, nonworking mothers who preferred not to work, and nonworking mothers who wanted to work. Briefly our findings are that when work and nonwork are analyzed in terms of the goal areas they represent for the mothers, there are associated differences in child rearing.

Replies to two questions determined whether the mothers were classified as preferring or not preferring to work: (1) if given the choice, would the mother want to work, and (2) how would she rank a number of alternatives involving job, marriage, and children? Seventy-six percent of the working mothers and 82 percent of the nonworking mothers indicated preference for their present situations. The four resulting subgroups, based on actual and desired work status, were compared in their child-rearing characteristics.

We found that when maternal motivations regarding work are considered, significant group differences in child rearing appear. The questions about these differences can be asked in two ways: (1) Do working and nonworking mothers who are similarly satisfied (or dissatisfied) with present status differ in child rearing? (2) How do working mothers who prefer to work and those who do not prefer to work compare, and, similarly, how do nonworking mothers who prefer to work and those who do not prefer to work compare in child rearing?

Dissatisfaction with present role appears to contribute significantly to mothering functions, according to our findings. The variable of role satisfaction

is markedly differentiating, especially among mothers not employed. If mothers are in their *preferred* work or nonwork *role*, working or not working makes little difference in their child rearing. In only two of the characteristics are there suggestive differences: Satisfied nonworking mothers tend to have somewhat higher ratings in sensitivity to their children's needs; also they have slightly higher scores on adequacy of mothering than satisfied working mothers.

However, when *dissatisfied* working and nonworking mothers are compared, differences appear in areas of control, emotional satisfaction, confidence in child rearing, and adequacy of mothering. Dissatisfied nonworking mothers report more overt rebellion in the children, slightly greater lack of clarity in limit setting, more frequent presence of a continuing "battle" for control between mother and child, and slightly less emotional satisfaction and confidence in child rearing. The sum of ratings shows significantly lower scores on adequacy of mothering by dissatisfied nonworking mothers than by dissatisfied working mothers.

From *within* the group of *working* mothers, role preference does not make a difference on scores of adequacy of mothering, according to our data. However, dissatisfied working mothers tend more than satisfied working mothers to indicate unclear limit setting for the child and to report themselves as less strict than the father in the control and discipline of the children. They also tend more than the satisfied working mothers to describe themselves as fostering independence, assigning more responsibilities to the child, but finding the child less willing to make his own decisions.

Within the group of *nonworking* mothers, role preference is most clearly related to mothering differences. Dissatisfied as compared with satisfied nonworking mothers show less clarity in limit setting, less consistency between stated principles and practice, more continuing "battles" for control between mother and child, less emotional satisfaction and confidence in child rearing, and less adequacy of mothering.

Motives for Working or Not

Although it is understandable that a woman's deep dissatisfaction concerning nonattainment of her own goals may enter into her relationships with her child, it is not so clear why this should have a greater adverse effect in the nonworking than in the working group. A possible explanation lies within the next step of analysis which inquires into the reasons the women made their choice of working or not working, regardless of their expressed preference.

Our findings show that among the working mothers there are differences in major focus, although all mention some kind of economic and personal gains and losses. In one group, comprising 52 percent of the working mothers, the mothers are working primarily as a means of achieving cultural, status, educational, and health goals for the family and children not otherwise available. In a second group (48 percent) the mothers are working mainly to achieve *self-fulfillment*—to use special skills, to make a "contribution to society", to satisfy a need for "being with people."

Among the nonworking women there are three clearly differentiated subgroups: one refraining from work because of *love of mothering* (48 percent); another, out of *duty to mothering* (36 percent); and third (15 percent) because it is "easier" or "freer." The mothers in the third group, however, are similar only in the fact that family and child considerations are not of main concern. The "freedom" they desire may be to follow avocations, community concerns, social ambitions, or simply to indulge their fancies. Because of its heterogeneity, the "freedom" group was not used for further analysis.

In the regrouping of working mothers by family motives and self-fulfillment, and nonworking mothers by love of mothering and duty to mothering, the differences again appear stronger in the nonworking groups. The family-motivated and self-fulfillment groups of working mothers show only slight differ-

WHO ARE THE WORKING MOTHERS?

According to Bureau of the Census data, the proportion of mothers in the labor force increased by almost 50 percent from 1948 to 1958. A recent Children's Bureau review of Bureau of the Census figures indicates that while the rate of increase has been greatest among the middle and upper income groups—the groups to which the mothers described in this article belonged—economic necessity is still the major factor in leading mothers to the labor market. According to the pamphlet, "whatever the age of the child, mothers living with their husbands are about 'half' as likely to work as 'other' mothers." In 1957 among mothers with children under 6 years and living with their husbands, only 7 percent of those whose husbands made over $10,000 were in the labor force as against 25 percent of those whose husbands made from $1,000 to $3,000 a year. ("Children of Working Mothers," by Elizabeth Herzog, Children's Bureau Publication No. 382, 1960. Price 20 cents from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.)

ence in child-rearing qualities. This may be because the working mothers who would rather not be working, in doing so, are making available certain family-and-child relevant goals which may compensate them somewhat for their dissatisfaction with their work role.

Nonworking mothers grouped by love of mothering versus duty to mother role are, conceptually, more clearly differentiated in feelings toward child rearing, particularly the love-motivated mothers and the "duty" mothers who feel deprived by not working. In this fact would seem to lie the reasons for the differences in mothering by the nonworking mothers satisfied and those dissatisfied with not working. The findings of differences between "love" and "duty" mothers in general parallel the differences between satisfied and dissatisfied nonworking mothers.

Mothers' Educational Background

Although the sample for this study was selected so as to limit variability in social class, a narrow range from middle to upper middle class exists. Also, the mothers' educational background varies. Classifying mothers on the basis of college education or high school education conveniently splits the sample into four very nearly numerically equal working and nonworking groups. The analyses of differences among these groups are explorations not based on prior hypotheses; however, differences were found which are provocative of hypotheses. If work status is ignored, college and high school mothers (within the narrow class range of our sample) do not differ on the child-rearing measures. But when work status and educational level and child rearing are considered together suggestive interactions appear.

Nonworking college, compared with nonworking high school, mothers appear to differ in more ways in child rearing than do working college mothers compared with working high school mothers. In the working groups the only differences are that the college mothers have higher ratings of sensitivity to child's needs and that the high school mothers' families have a greater tendency for fathers to be the stricter of the parents. In the nonworking group the college mothers are more often than the high school mothers rated as nurturing independence, showing sensitivity, being consistent in principles and practice, setting limits clearly, and having higher scores on adequacy of mothering.

These data raise the questions as to whether working may not be selecting certain kinds of mothers, or whether working has the effect of "leveling" social class differences. The mothers of high school background who are using employment as a means of social mobility (more lessons, education, travel for family) may also be altering their child-rearing practices.

A similar question may be raised when the data on working-nonworking differences within each educational group are examined. It is: Do families of different social class backgrounds make different types of adaptations to the mother's working?

Among the families where the mother has a *high school background*, our data shows that when the mother works: the father is more likely to be the stricter parent (70 percent as against 33 percent when the mother does not work); the children are less likely to be regarded as rebellious (10 percent as against 46 percent) but are more likely to be assigned a heavy load of household responsibilities (30 percent compared with 8 percent); and training for independence is more likely to be stressed (80 percent as against 54 percent). In other words, in this group the children of the working mothers are under firmer control and more responsibility is expected of them.

The data for working and nonworking mothers of the *college group* gives a different picture—in some respects tending in the opposite direction. For example, 30 percent and 50 percent of fathers are the stricter parent in working and nonworking college groups, respectively; and 8 percent of the working college educated mothers as against 27 percent of nonworking college mothers put great stress on maturing independence—not a statistically significant difference but still a reversal of the picture in the high school group.

In the families of working mothers in the college group both mothers and fathers apparently attempt to compensate for the amount of time both parents are out of the home by giving planned time together with the child: 40 percent of the college working mothers report this for themselves and report it also for 38 percent of the fathers. The nonworking college group have 16 percent and 8 percent in the comparable categories. In the high school group working and nonworking subgroups are not different in planned participation with children.

The kind of subcultural or class examination that has been carried out here may be extremely important in attempting to pin down what influences the growth in maternal employment may be having on the rearing patterns of large populations of chil-

dren. It is suggested in these data that the nature of these influences cannot be predicted across the class and cultural boundaries (any more than they can be predicted in disregard of motivational differences among mothers) since it will vary according to values and needs of each group.

Opportunities for Research

This potpourri of differences in the child-rearing practices of working and nonworking mothers related to the variables in the mothers' personal situations should not yet be taken as firm evidence of relationships of specific kinds or amounts. Our groups are small. The variables are complex and need more refinement. But the data can be taken as suggestive of the likely importance of considering such maternal variables more seriously in further research on the interaction of work roles and mother role and in child-rearing studies in general.

When social concern is expressed about the consequences of mothers in the labor force, it is largely an expression of fears about the real and presumed loss of the mother as an effective influence on her children. When the mother works, the basic structure of the rearing environment is presumed altered by the reduction in the mother's availability to the family and by the various systems of child care substituted for the full-time mother. These structural changes afford excellent opportunities for research on significant problems in personality development.

One such problem is the effect of maternal separation. Separation of child from mother is ordinarily a consequence of maternal employment. In theories of development, separation from mother in the child's early years has been interpreted as etiologically significant for various later character disorders. As has been pointed out in the literature,[3] the effects of separation have usually been examined in circumstances of compounded trauma, such as institutionalization or illness. In families without gross pathology, in which the working mother is away from the child, "separation" could be studied in a purer form.

The child's separation from his mother cannot be defined independently of the nature of the mother-substitute. Is the rearing environment one of multiple mothering? Is the replacement for the mother a consistent mother-figure or changing personnel? Do the child's siblings or peer society form the substitute? Is the child on his own? A great many developmental questions are prompted by these mother-substitute variations, all of which can be studied in families of working mothers.

Settings of maternal employment can also provide research material on the effects of variations of mother-father roles upon child personality. Thus, the absolute and relative availability of both parents to the child, the kind of sex role model provided by each parent, the relative dominance of mother and father, the kinds of child-rearing functions assumed by father and mother are dimensions in which there is probably augmented variation by virtue of the mother's employment. Through appropriate sampling of families of working and nonworking mothers, parental role variations pertinent to many theoretical interests could be obtained. In particular, theories of pathological development regarding the dominant mother and "weak" father roles might be investigated in relatively nonpathological families.

Bronfenbrenner [4] has presented findings, based on retrospective data, indicating differential effects of parental absence depending upon whether the absent parent and the child are of the same or opposite sex. These leads could be pursued through more direct data. It would be especially interesting to investigate the consequences of relative parental dominance and availability at significant developmental periods, such as the Oedipal stage, studying boys and girls separately.

To summarize, in most research thus far, the problem of maternal employment and child development has been investigated more as a practical social issue than as an opportunity for gaining more basic understanding of parental contributions to child development. I have attempted here to demonstrate the futility of the "social issue" approach which ignores the necessity for comprehending the psychological and social qualities of the variable of maternal employment. I have also tried to indicate areas in which more theoretically based research, using maternal employment as a setting, could contribute to basic knowledge of the influences in child development.

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[1] Stolz, Lois M.: Effects of maternal employment on children; evidence from research. *Child Development*, December 1960.

[2] Hoffman, Lois: Effect of maternal employment upon the child. *Child Development*, March 1961.

[3] Yarrow, L.: Maternal deprivation; toward a theoretical and empirical reanalysis. Psychological Bulletin. *In press.*

[4] Bronfenbrenner, U.: Family structure and development, Presidential Address, Division of Developmental Psychology, American Psychological Association, Sept. 1958.

An essay-review . . .

TELEVISION AND THE CHILD

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"TELEVISION in the Lives of Our Children," by Schramm, Lyle, and Parker, is a sobering book.[1] As the authors say, they have attempted "not to push the panic button on television," and they have been careful, in presenting the results of their own research and that of others, to give a balanced interpretation and to take into account the economic pressures under which the industry must work. Yet the total picture they present is one of lost opportunities at the best, and damage to children at the worst.

A major theme of the book is that TV-viewing is an active process on the child's part. The authors hold that it is not accurate to think of the child as being passively acted *upon* by TV. Rather, they assert, the child actively *selects* from what is offered, and the effects of TV are as much due to what the child is like as to what programs are like. The authors produce sound evidence to demonstrate that a child's use of TV depends upon his intelligence and upon the quality of his relationship with his parents and playmates. There are great differences among children in the amount of time they spend watching TV and the kinds of programs they view. Still, it may be useful to consider the impact of TV on children as a whole.

The book reports that the average child of school age spends about 19 or 20 hours a week viewing TV—about one-fifth of his waking time, nearly as much time as he spends in school, and substantially more time than he spends on all the other communications media combined.

What does he see? The authors monitored a week of TV in a metropolitan area in late October 1960. The chart on page 230 shows what was being offered on the four commercial stations during one day of that week, from 4 p.m. to 9 p.m., the "children's hour."

The authors then chronicled the number of episodes of violence presented during the 100 hours during which they were monitoring the stations: 12 murders, 16 major gunfights, 21 persons shot (not fatally), 37 hand-to-hand fights, and 4 suicides. As may be seen from the sample schedule of programs, there were a good many periods during the day during which a child could not watch anything *except* a western or a crime show, even if he had wanted to do so—nothing else was available. This fact, I think, reduces the importance of their point about the child's being an active selector from television—the fare offered is so limited and homogeneous that frequently the child's only choice lies in the decision to watch or turn the set off.

The Effects

What are the effects upon children of so much viewing of the kind of fare offered? From existing evidence, which the authors summarize, there appears to be little reason to believe that TV-viewing damages children's eyesight or robs them of a significant amount of sleep. Does it educate and inform them?

The authors show that in communities which have television, children start school with about a one-year advantage in vocabulary over the children who live in communities where TV is not yet available. But this difference soon disappears under the impact of the schoolroom, and by the time the children are 10 years old television serves mainly to inform those who see it about the kind of content it emphasizes. TV-viewers of this age, for example, know more than their nonviewing contemporaries about the names of performers and hit tunes, but they know *less* about

THE CHILDREN'S HOUR

One Day's 4–9 p.m. Commercial TV Offerings in a Metropolitan Area

	A Network	B Network	C Network	D Independent
4:00	Crime movie	Dance party	Dance party	Cartoons
	Cartoons			
5:00	Cartoons plus M.C.	War movie	Cartoons	Slapstick films
			Cartoons	
6:00	News		Situation comedy	Situation comedy
	Situation comedy	Cartoons	News	Western
7:00	Crime	News	Western	Travel film
8:00	Western	Crime	Situation comedy	Crime
			Situation comedy	Crime
9:00	Western	Documentary		

world affairs. On the whole, TV appears to have little impact, either positive or negative, upon school grade.

From their own and others' research, these authors are able to document some effects of TV on the emotions and beliefs of children. For example, they cite Australian studies which show that crime and mystery programs seem to arouse defensive reactions with which the child protects himself from having to undergo the full emotional impact of the stories, so that adolescents who watch many such programs seem to have become somewhat "desensitized" to the sufferings of others.

With respect to TV's effects on beliefs, there is evidence that children *do* learn stereotypes from television concerning the nature of the adult world and the motives of people around them. For example, adolescent girls who have a heavy diet of the "soap opera" kind of TV programs are more likely than other girls to believe that marriage is a tense and difficult state of affairs and to express anxiety about their own ability to cope with adult life.

How about the effects of the large amounts of crime and violence on the children's own aggressive tendencies? The authors devote a good deal of attention to discussing the charges that have been leveled against TV as a significant cause of delinquency. They hold that delinquent behavior in any given child is a complex phenomenon, with its roots usually in unsatisfactory relationships between the child and his parents. They believe, therefore, that it is entirely misleading to think of television as "the cause" of delinquency. Yet they suggest that, given the existence of children who are disposed to aggressive action because of their life histories, TV can contribute to their antisocial behavior by suggesting techniques for crime. They also suggest tentatively that, even in children who do not come to TV with excessively aggressive feelings, the violence on TV may *arouse* aggressive feelings rather than discharge them.

Since this book was published there have been additional studies which do indeed show a direct connection between viewing violence and ensuing aggressive behavior on the part of the normal young child. Lovaas [2] has recently shown that children who have just seen an aggressive program are more likely to play with a toy which makes one doll hit another on the head than are children who have not seen the programs. And Bandura [3] has found that children who see aggressive behavior in a movie imitate this behavior when they are irritated and when they are in a similar situation to that in which the movie character performed his aggressive actions.

Thus, the case for a direct influence of television on the aggressive behavior of children is now stronger than it was when the evidence was examined by Schramm and his colleagues. These authors do emphasize that it is possible to insulate children (at least in some degree) against the harm which violence on TV may do to them, by helping them to distinguish between fantasy and reality, and by providing them with the emotional security that comes from satisfactory human relationships; but the authors note that less violence on television would also help to protect children from potential harm.

Whose Responsibility?

This book avoids making any sensational charges, but I believe it documents in its understated way that the present television fare being offered to children is unsatisfactory. On the whole, existing programs are *not* challenging and educating children nor providing the sort of variety which might stimulate the growth of taste.

The book concludes with a series of questions to groups who are concerned with the problem of TV's

effects on children, questions directed to broadcaster, to parents, to schools, to Government. It is at this point that I was left somewhat dissatisfied. The authors say, "It has been argued that in our political system, Government should keep its hands off programs. On the other hand, it is argued that no agency except Government is big enough to deal with the great mass media. Our position is closer to the first than to the second of these. We prefer that the mass communicators should keep their own house clean."

This is a laudable preference, but is it realistic? I submit that the history of self-regulation on the part of industries which affect the public welfare is not encouraging. Schramm and associates say that "*the very nature of television* makes for a minimum of variety" in offerings which are made available to a youthful audience which needs variety. They do not elaborate on what this "very nature" of television is that they are referring to, but it is likely that they mean the economic pressures to which American television is subject. The most dedicated, public-spirited of producers cannot hold out indefinitely against the pressure of advertisers who want the largest possible audience for their advertising dollar. And one cannot blame either advertisers or station managers for wanting their enterprise to be profitable.

Good children's programs, at present, do not pay. This, it seems to me, is the heart of the problem, and Schramm and his colleagues do not deal with it. To urge as the only major remedial measure that the industry should clean its own house is to assume that the industry as presently organized has more freedom of action than it actually has. The industry may react to pressure and exhortation with temporary and modest improvements and this will be all to the good. But is it enough?

Newton Minow, chairman of the Federal Communications Commission, said in his recent speech to the National Association of Broadcasters:

Is there no room on television to teach, to inform, to uplift, to stretch, to enlarge the capacities of our children? Is there no room for programs deepening their understanding of children in other lands? Is there no room for a children's news show explaining something about the world to them at their level of understanding? Is there no room for reading the great literature of the past, teaching them the great traditions of freedom? There are some fine children's shows, but they are drowned out in the massive doses of cartoons, violence, and more violence.

Schramm and his colleagues have documented the need for the very improvements which Minow seeks. What is needed now is public policy-making and public action to bring them about.

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[1] Schramm, W.; Lyle, J.; Parker, E. B.: Television in the lives of our children. Stanford University Press, Stanford, Calif., 1961. $6. 324 pp.

[2] Lovaas, I.: Effects of exposure to symbolic aggression on aggressive behavior. *Child Development*, March 1961.

[3] Bandura, A.: Unpublished.

The average man who says "I was well thrashed by my father and it did me a world of good" quite forgets that it did him good because he himself accepted the values held by the chastiser or by the society he represented. But the delinquent, whose whole attitude toward society is conditioned by early separation or lack of emotional support from his parents, has no such inner assent. His attitude toward punishment can only be visualized in terms of a prisoner-of-war resisting and resenting the stern measures of his captors: they may cow him into submission but they can never win him to allegiance.

Society's best protection against the offender is so to win him. It is only by understanding and accepting our own antisocial tendencies—not ensconcing ourselves on judicial benches, in editorial offices, or psychiatrists' consulting rooms—that we can give the delinquent the understanding and acceptance he needs, so that he can accept us and our values and become our fellow citizen.

F. R. C. Casson in The Lancet, *May 5, 1951.*

HERE AND THERE

Federal Legislation

A 3-year program of Federal grants-in-aid and technical assistance for the prevention and control of juvenile delinquency or youth offenses was provided for by Congress with the passage in mid-September of the Juvenile Delinquency and Youth Offenses Control Act of 1961.

The act authorizes the Secretary of Health, Education, and Welfare to make grants to State, local, or other public or nonprofit agencies, organizations or institutions, for projects to evaluate or demonstrate techniques or practices which hold promise of making a substantial contribution to the prevention or control of juvenile delinquency or youth offenses, including techniques and practices for the training of personnel and for developing or starting more effective cooperation among public and nonprofit agencies. The act also authorizes grants to Federal, State, local, or other public or nonprofit agencies, organizations or institutions for personnel training programs which may include "among other things" the development of courses of study, and the establishment of short-term traineeships with allowances and subsistence expenses to be determined by the Secretary.

The act also authorizes the Secretary to make studies related to the prevention, treatment, or control of juvenile delinquency or youth crime, to render technical assistance to State and local, public and private agencies, organizations and institutions, and to provide short-term instruction in technical matters relating to the prevention and control of juvenile delinquency or youth offenses.

In administering the act, the Secretary of Health, Education, and Welfare is required to consult the President's Committee on Juvenile Delinquency and Youth Crime on general policy and procedure, and is authorized to appoint technical or other advisory committees. The President's committee, composed of the Attorney General, the Secretary of Labor, and the Secretary of Health, Education, and Welfare, was established last May to promote and coordinate Federal efforts related to the prevention and control of juvenile delinquency and youth crime. (See CHILDREN, July-August 1961, p. 155.) The new law also authorizes the Secretary of Health, Education, and Welfare, at his discretion, to require some of the costs of the projects to be borne by the grant recipients.

Under the act, Congress is authorized to appropriate up to $10 million for the program for each of the fiscal years, 1962, 1963 and 1964. An appropriation of $8,200,000 made for the fiscal year 1962 included $4 million for demonstration and evaluation projects; $3,600,000 for training personnel; and $600,000 for services and administration.

. . .

Congress incorporated into the basic Immigration and Nationality Act, thereby making permanent, most of the previously temporary provisions covering intercountry adoptions. These provisions, allowing alien, eligible orphans into this country on special nonquota immigration visas, had been renewed and modified from time to time, sometimes months after the last expiration date. (See CHILDREN, November-December 1959, p. 233.) A major change in the new law is the requirement that to be eligible for a visa a child adopted abroad must have been observed by the adoptive parents before or during the adoption procedure.

. . .

Appropriations by the 87th Congress for the four grant programs of the Children's Bureau for the fiscal year 1962 totaled over $69 million, more than $17 million above the amount given these programs for the fiscal year 1961. The new figure contains $25 million for maternal and child health services (including $1 million earmarked for special projects for mentally retarded children); $25 million for crippled children's services; and $18,750,000 for child welfare services, topping last year's allocations for these three programs by about $6,800,000, $5 million, and $5 million, respectively. Under the Social Security Act, Congress is authorized to appropriate $25 million for each of these three programs.

In addition, and for the first time, the appropriation included an amount—$350,000—for grants for research or demonstration in child welfare, under an authorization enacted last year.

Congress also appropriated $2,668,000 for Children's Bureau salaries and expenses, 7 percent more than for the fiscal year 1961.

. . .

In mid-September Congress extended for 2 years the provisions for aid to education in federally impacted areas, beyond the expiration date of June 30, 1961. The National Defense Education Act, due to expire on June 30, 1962, was also extended for 2 years.

The 11-year-old program of grants for public schools in impacted areas, was designed to alleviate the pressure on school districts from the influx of families of service personnel or of workers on Federal projects. About 3,800 school districts across the country will benefit from the program.

The National Defense Education Act, originally passed in 1958, allows the Federal Government to underwrite specified school and college programs considered useful to national defense, such as the teaching of science and modern languages. (See CHILDREN, November–December 1958, p. 231.)

Peace Corps

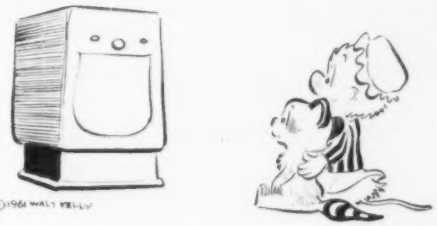
The Peace Corps became a permanent Federal agency through legislation passed by the 87th Congress in mid-September. The action authorized annual appropriations with a ceiling of $40 million for the new agency's operations. For fiscal 1962, appropriations of $30 million were approved.

By the end of October, the Corps had groups of volunteers in eight countries: In Colombia, there were 62 volunteers and in Chile, 40, working in agriculture and community development; 50 in Ghana, and 38 in Nigeria, in secondary school education; 35 in Tanganyika on road survey and geological assignments; 16 in St. Lucia of the Federation of the West Indies, working in agriculture and youth organizations, and to improve vocational and health education; 128 in the Philippines as teaching aides in English and general science in elementary schools; and 30

in East Pakistan in agriculture, education, and construction work. (See CHILDREN, July–August 1961, p. 153.)

Volunteer groups undergoing training during September and October included 50 at the University of California at Los Angeles, scheduled to leave in January for service in Nigeria in secondary school teaching and 35 at Michigan State University, due to leave for Nigeria in December for work in education at college level. There was also a group of 30 training at Colorado State University for assignments to West Pakistan to work in nursing, agriculture, medicine, and college level teaching, beginning in December; and another 63 studying at Pennsylvania State University for work in the Philippines as teaching aides, to start in early January.

Training projects begun in October included a group of 25 scheduled to leave in December for India to work in experimental agriculture, community development, and small craft industries; 50 at the University of Michigan destined for Thailand to participate in college and technical and trade school instruction and in malaria eradication; and 50 at Northern Illinois University bound for Malaya where, in January, they will begin working in laboratories, in schools as science teachers and apprentice instructors, and in villages as rural development workers.



"TV watching could be a normal part of a balanced whole. Just like radio, comic books, formal education, and love . . . Also milk," says Walt Kelly creator of the "Pogo Primer for Parents (TV Division)," recently issued publication of the Children's Bureau. In the 24-page pamphlet the cartoonist uses Pogo and his family and friends to suggest that patient supervision and shared TV viewing (as in the cartoon above) are preferable to using the TV set as a baby-sitter. One of a Headliner Series of booklets to be issued by the Bureau on topics underscored by the Conference, the primer is available from the U.S. Government Printing Office, Washington 25, D.C., price 20 cents, with 25 percent deduction for quantities of 100 or more.

Other publications in the series soon to be released are: "A Creative Life for Your Children," by Margaret Mead; "Our Mobile Families," by Margaret A. Hickey; "The Adolescent Under Stress," by Edgar Z. Friedenburg.

Handicapped Children

Roughly one-sixth of the estimated 6 million handicapped children of school age in this country are receiving special educational help, according to information from the Office of Education, U.S. Department of Health, Education, and Welfare.

Among other facts on special education today, the Office of Education reports that:

- About 4,000 public school systems provide special educational opportunity for handicapped children—as compared with 1,400 school systems in the late 1940's.
- Every State offers some special educational opportunity to exceptional children.
- Nearly every State education agency has an education specialist for one or more types of handicap; some have as many as 15 specialists.
- About 3,000 local public school systems now have programs for educating mentally retarded children in special classes of regular schools. Nevertheless, only about one-fifth of the estimated 1,250,000 or more mentally retarded children of school age in this country are receiving special education.
- Of the estimated 35,000 deaf children, about 25,000 are in special classes in public schools or in residential schools.
- About 2 million children of school age have speech handicaps, one-fourth of whom are receiving speech correction in public schools.
- In addition to the special schools for crippled children which exist in some 40 large cities, there are many special classes for such children. California has a statewide system with two residential schools with diagnostic services and about 50 smaller centers for cerebral palsied children in regular public schools.
- About 10,000 blind children are in residential schools or in specialized day school programs.

Rehabilitation

A new approach to helping handicapped mothers in the aid-to-dependent-children program—through "all-round" rehabilitation service in a residential training center—is being explored in a pilot project now underway in the District of Columbia. Launched in April 1961, the project has mobilized the resources of community agencies to provide social, vocational, placement, and other services to a group of eligible mothers who were moved with their children out of their old environments into the training center.

The project services are available to mothers between the ages of 18 and 36 years of age who have no more than 2 children under the age of 10. However, the project's vocational services are not provided to mothers who have serious physical, mental, or emotional disabilities.

Under the operation of the District's public welfare department in cooperation with other district agencies, the project gives training for 4–6 months to mothers residing at the center. This includes classroom instructions in home management by teachers from the Board of Education; instruction in personal hygiene, health consultation, and followup by public health nurses from the Department of Public Health; recreational activities for mothers and children by the recreation department; vocational services, assessment of vocational potentials, and actual work training and experience, by the Department of Vocational Rehabilitation. Also available are physical restoration services and medical treatment or hospital

care. The U.S. Employment Service counsels and helps place the mothers on jobs after which the National Capital Housing Authority assists in finding suitable living quarters in public housing developments.

During training, the mothers contribute, from their ADC payments, their estimated food and rental costs at the center. The welfare department provides operating and social service staff. A vocational counselor, a training assistant, psychological services and training equipment are provided for the first 3 years by a grant from the U.S. Office of Vocational Rehabilitation.

In the first training session, 32 mothers and 56 children were housed in the center. Of these, 30 mothers had been trained, were placed in jobs, and had left the relief rolls by October 1.

Juvenile Delinquency

About 514,000 juvenile delinquency *cases* (excluding traffic offenses) were handled by juvenile courts in the United States in 1960. The estimated number of different *children* involved in these cases was somewhat lower, 443,000, since the same child may have been referred more than once during the year. These children represent 1.8 percent of all children aged 10 through 17 in the country.

In 1960, for the 12th consecutive year, delinquency cases increased over the previous year. The increase for 1960 for delinquency cases was 6 percent, while the child population, aged 10-17, increased only 2 percent. Thus, as in every year in the past decade except 1959, the increase in delinquency cases exceeded the increase in the child population.

School Enrollment

Enrollment in the Nation's schools and colleges for 1961–62 climbed to a new high of 49,300,000, according to estimates from the U.S. Office of Education. This figure represents a rise of almost 3 percent over last year's total. Enrollments in kindergarten and elementary schools were estimated at 34,200,000—an increase of 400,000 over last year—and at 10,800,000 in high schools, 700,000 more than before.

These upward trends in kindergarten, elementary, and secondary school enrollment are attributed chiefly to rises in birth rates during the past 15 years, but in the case of mounting college enrollment, credit is given to growing interest in college education. The agency anticipates the first sharp rise at this level of education to occur in 1965, reflecting the swollen birth rate in 1946.

The agency's biennial survey of State school systems shows a 22 percent rise in the number of high school graduates in 1959–60 over the total for 1957–58, with a higher proportion of girls than boys, as in previous years. It also shows that the classroom shortage in the Nation at the start of 1960–61 was 142,000, on the basis of State-determined teacher-pupil ratios and other standards, representing a drop of 1,000 from the figure for the 1957–58 school year. The survey also shows a decline in the number of 1-teacher schools—20,000 in 1959–60, a third of the number in 1949–50. Though their national total is negligible, these schools constitute 22 percent of all elementary schools in the Great Lakes-Plains area.

On the basis of daily attendance in schools from kindergarten through grade 12, the expenditure per pupil among the States in the school year 1959–60 was $376, compared with $341 in the year 1957–58.

International Publications

DISCUSSIONS ON CHILD DEVELOPMENT: the proceedings of the fourth meeting of the World Health Organization Study Group on the Psychobiological Development of the Child, Geneva. 1956. J. M. Tanner and Barbel Inhelder, editors. International Universities Press, New York. 1960. 186 pp. $5.

The way biological, psychological, and cultural influences channel the development of personality through childhood was examined by the group of 12 international experts, whose discussions are recorded in this volume.

Springboard for the discussions was a precirculated paper by Jean Piaget synthesizing the themes of previous discussions.

Deliberations of the group at this fourth meeting, which included representatives from the fields of psychology, psychoanalysis, anthropology, electrophysiology, human biology, ethology, and research promotion, dealt with such subjects as equilibration and the development of logical structures; the definition of stages of development; psychosexual stages of development; and a "general system theory" as it is applied to the behavioral sciences.

THE INFLUENCE OF THE CINEMA ON CHILDREN AND ADOLESCENTS: an annotated international bibliography. Reports and papers on mass communication, No. 31. UNESCO, Paris. 1961. 106 pp. For sale by Columbia University Press, International Documents Service, 2960 Broadway, New York 27. $1.50.

This bibliography presents 491 brief abstracts of studies made in 30 countries, dealing with the influence of films on children and adolescents. Most of the publications appeared between 1930–59, though a few earlier ones are included which had direct bearing on subseqent research. Made by experts in the fields of education, sociology, criminology, psychology, psychiatry, and physiology, they are concerned with such subjects as the attitudes of young people toward films, an analysis of film content in relation to reality, the after-effects of films, and efforts toward helping young people to select films judiciously.

An introduction points out that while the evidence is conflicting in regard to the direct relationship of films to juvenile delinquency, the majority of the authors believe that repeated presentation of certain themes and behavior patterns has an indirect provocative effect on the young viewer. It also calls attention to findings which stress the unreal conception of life derived from the cinema's tendencies toward repetitious portraying of fairy-tale patterns of living.

AMONG THE STATES

Among the many actions concerning children taken by the legislatures of 47 States and 3 United States jurisdictions which met in 1961 were the following:

Aid to Dependent Children

Twelve States revised their laws providing for aid to dependent children to include the **children of unemployed parents**, thus taking advantage of the new temporary provision in the Social Security Act (see CHILDREN, July–August 1961, page 154). They were *Connecticut*, *Delaware*, *Hawaii*, *Illinois*, *Massachusetts*, *New York*, *North Carolina*, *Oregon*, *Pennsylvania*, *Utah*, *Washington*, and *West Virginia*.

Other actions relating to ADC were: *Connecticut* dropped its 1-year residence requirement; *Indiana* authorized counties to provide vocational training for mothers receiving ADC; *New York* required public welfare officials to look into the eligibility of public assistance recipients recently arrived in the State in relation to their intent in coming into the State, including "willingness to work." *New York* also set up a central agency in the State department of social welfare to aid in locating fathers who have deserted children receiving public assistance or care. *Washington* devised a method for designating a person to receive a child's ADC grant in cases where the county welfare department decides the normal recipient is not using the grant wisely.

Delinquency and Neglect

Court systems were revamped in: *Georgia* where superior court judges were empowered to sit as juvenile court judges in counties with populations ranging between 130,000 to 300,000; *Maine* where new district courts which are to act as juvenile courts were established; and *Rhode Island* where a family court was created combining the former domestic relations and juvenile courts. In *Massachusetts* the legislative research unit was directed to study the desirability of establishing a juvenile court system for the State.

Detention of juveniles awaiting court action was a concern in: *Kansas* where the separate detention of juveniles and adults became a requirement; *Minnesota* where a reception center for delinquents was authorized; *Utah* where counties were made responsible for providing detention facilities, with State aid, and a State advisory committee on detention was established; *South Dakota* where counties without detention facilities were authorized to contract for them with other counties.

Work programs for juvenile offenders were provided for in *Colorado*, where county courts were given the power to establish guided work programs that do not interfere with school attendance; and in *Missouri* and *Tennessee* where conservation camps in connection with the boys' training schools were authorized.

Other provisions to combat delinquency were: in *Maine* an appropriation to increase the staff for supervising boys released from the State training school; in *Nevada*, provision for a training school for delinquent girls, and authorization for the welfare department to pay for the foster care of young people paroled from the State's training schools and unable to return home; in *Pennsylvania*, an appropriation of $756,000 for a delinquency prevention program including grants to communities for local programs and for salaries of police specializing in juvenile crime prevention; in *South Dakota*, the exclusion of traffic offenses from juvenile court jurisdiction.

The Interstate Compact on Juveniles was adopted by *Idaho*, *Iowa*, and *South Dakota*.

Adoptions and Foster Care

Adoptions received considerable legislative attention, with adoption laws being amended or other actions taken:

In *Georgia*, to preserve the rights and obligations of a natural parent in regard to a child adopted by the parent's spouse.

In *Missouri*, to eliminate the necessity of serving summons to parents in abandonment cases when consent for adoption is already on file.

In *Nevada*, to make funds available for an investigation of illegal or unethical practices in child placement or adoption; to require consent to adoption to be in writing attested by two witnesses and filed within 48 hours; to prohibit adoption petitions from being granted until after the child has been in the petitioner's home in the State for 6 months; and to require hospitals to give the welfare department a copy of the authorization when a child under 6 months old is released to someone other than a parent, guardian, or close relative.

In *New Mexico*, to provide procedures for freeing for adoption children declared dependent and neglected who have been wards of the court for at least 6 months; and to enable social agencies to consent to the adoption of children so freed.

In *New York*, to make it possible in private placement adoptions for the home investigation to begin immediately upon placement of the child; and to permit the court, as a part of the adoption procedure, to remove the child from the home where it appears improper to grant the adoption order.

In *North Carolina*, to redefine "abandonment" in order to free children for adoption.

In *North Dakota*, to require notice of termination of parental rights to be sent to the father of an illegitimate child if paternity has been acknowledged; to allow a child placing agency to charge adoptive parents up to $300 for the costs of the home investigation and child supervision, with the proviso that no couple be deprived of receiving a child because of inability to pay the costs.

In *Tennessee*, to clarify the term "abondonment"; to waive residence requirements for prospective adoptive couples from the State who are in military service; and to allow filing of a final decree 6 months after petition if a child has lived for a year in the peti-

tioner's home and was placed there by the department of welfare or a licensed agency.

Measures affecting children in foster care included:

In *Kansas*, a provision for appeals from orders of the State Board of Health denying or revoking licenses for maternity homes, children's institutions, and foster homes.

In *North Dakota*, a change making it discretionary rather than mandatory to match religions of foster home or institution and child's parents, in placing a child.

In *Wyoming*, an action transferring the licensing of child-care facilities to the State Department of Public Welfare from the Board of Charities and Reform, extending licensing requirements to foster family homes, and directing the department to draw up standards for all types of foster care.

The day-care needs of children of working mothers received attention in *Massachusetts* where a special commission composed of representatives of day-care agencies was authorized to make a study of the needs for this type of service; and in the *Virgin Islands* where an appropriation of $35,000 for the operation of day-care facilities represented an increase of $10,000 over the previous appropriation.

Exceptional Children

Institutions for mentally retarded children were provided for in *Florida*, *Illinois*, and *Iowa*, and for emotionally disturbed children in *New York* and *Minnesota*. In *Arizona* funds were supplied for two 80-bed cottages at the State Children's Colony in Coolidge.

Special education programs for handicapped children were provided for in a number of areas. In *Alaska* and *Guam* appropriations were made to parents' organizations for special training of trainable or educable mentally handicapped children. In *Arizona* and *North Dakota* school districts were authorized to provide special classes for the educable handicapped. In *Montana* it was made mandatory for school districts to provide special education for the physically and mentally handicapped, reimbursement to be provided by the State for tuition and transportation. In *New York*, local boards of education were authorized to provide educational programs and transportation for emotionally disturbed children. In *North Dakota* it was made mandatory for school districts to make arrangements with private nonsectarian organizations for the education of physically handicapped children for whom no public facilities are available.

The gifted received attention in *California*, *Oregon*, and *Puerto Rico* where appropriations were made to enhance their educational opportunities.

Mental retardation studies as a source of recommendations for the next legislature were authorized in *Iowa* and *New York*; and in *California* a coordinating council was established to review, coordinate, and make legislative recommendations for services for the physically and mentally handicapped.

Other provisions for the mentally handicapped included: in *Illinois*, a special pediatric institute for their study and care; in *Maryland*, State funds to match community expenditures for special day-care centers; in *Minnesota*, a pilot project to provide them with daytime activities; in *Oregon*, payments (up to $100 a month) to their parents for their maintenance or training in a day center or group training home (this also applies to parents of the "physically deficient"); in *Utah*, an increased appropriation for special day-care centers.

Definitions of "crippled children" were revised in some States to bring more children into State programs for diagnosis and treatment: children with cystic fibrosis were thus included in *California*, as were children with phenylketonuria; and mentally handicapped children in *Nevada* and *Tennessee*. Funds were earmarked for the care of quadriplegics in *Connecticut*, and for a rheumatic fever prophylaxis program in *Massachusetts*. In *Indiana* the testing of infants for phenylketonuria was made mandatory throughout the State. In *North Carolina* the biennial appropriation for crippled children's services was 47 percent above the previous appropriation.

Other Programs

Work opportunities for youth were provided for in a number of States:

In *Hawaii*, where the sum of $45,000 was earmarked for the expenses of an experimental school-work-experience program for young people who intend to leave or who have left school before graduating; and in *Idaho*, *Oregon*, and *Washington*, which established summer work-camp programs for teenagers. In *Tennessee* workmen's compensation was extended to minors even though unlawfully employed.

Migrant children and their parents received attention in: *California* where a health program for migrant workers and their families, under the State department of health, was prescribed to include studies of health and health services, technical and financial aid to local health agencies serving migrants, and coordination; and in *Colorado* and *Oregon* where programs for the education of migrant children were spelled out. In *Colorado* where school districts are to be reimbursed for the costs of educating migrants, school attendance of migrant children was made compulsory as was admission of migrants to public schools.

Structure and Coordination

Changes in administrative structure and the creation of coordinating committees were numerous:

In *Arizona* the crippled children's services were moved from the Department of Public Welfare into a new Board of Crippled Children's Services. The 5-member board is authorized to apply for Federal funds for crippled children's services.

In *Illinois* a Department of Mental Health was created to supersede the State Department of Public Welfare, the child welfare program being moved into the new department.

In *Indiana* a separate Department of Mental Health was established.

In *Iowa*, an interagency liaison committee was created to coordinate activities of the Boards of Control and Parole, the State regents, and the State agencies concerned with welfare, public health, education, vocational rehabilitation, and employment security.

In *Missouri* the powers and duties of the division of welfare in the State Department of Health and Welfare were enlarged with the responsibility for promoting and protecting the well-being of children, strengthening family life, preventing dependency, and rehabilitating needy persons, and for conducting research and demonstration projects related to the welfare program.

In *Nebraska* the functions of the State Board of Control were transferred to newly created departments of public welfare and public institutions,

with a 5-member advisory group serving both agencies. The Department of Public Welfare will be responsible for the public assistance, child welfare, and the crippled children's programs as well as for custody of children in State institutions and operation of the Home for Children. The Department of Public Institutions will oversee and generally control the training schools for girls and for boys, State hospitals, and penal institutions.

In *Nevada* a bureau of mental health was established within the State Department of Health.

In *Oklahoma* the four State institutions for delinquent boys and girls and the two institutions for dependent and neglected children were moved from the Board of Public Affairs to the Department of Public Welfare.

In *North Dakota* the children's psychiatric out-patient clinic was transferred from the Board of Administration to a new State mental health authority established within the State Department of Health; and a mental health coordinating committee was created composed of the State health officer, the superintendent of public instruction, the executive director of the Public Welfare Board, and the chairman of the Board of Administration.

In *Rhode Island* certain health-related responsibilities in the Department of Education were transferred to the State Department of Health to be carried out in conjunction with the Department of Education.

In *West Virginia* the Department of Public Assistance was renamed the Department of Welfare, and the position of director changed to commissioner. The department's appropriation allowed for salary increases averaging 17 percent for professional workers, and for the employment of additional personnel, including foster- and adoptive-home finders in all counties.

Studies of structure and services were ordered in a number of States including:

Colorado, where the Legislative Council was authorized to appoint a special committee to continue study of laws relating to children and child welfare.

Idaho, where an 11-member body, the Idaho Children's Commission was established, to study and make legislative recommendations concerning the State's laws and resources for delinquent, dependent, abused, and neglected children and youth, the State's adoption laws, and the laws and resources concerned with the evaluation, rehabilitation, and care of mentally and physically handicapped children.

Pennsylvania, where a 13-member commission was created to draw up a plan for dividing public welfare responsibilities and functions between State and counties and for organizing county public welfare services; to collate the bulk of the State's welfare statutes relating to public and private facilities; and to recodify laws and propose new ones.

Films on Child Life

Films listed here have been reviewed by staff members of the Children's Bureau. The listing does not constitute endorsement of a film, but indicates that its contents have merit. Charges for rental or purchase, not given because they change, may be obtained from distributors.

MEDICAL GENETICS—Part I. 34 minutes; sound; color; loan.

Depicts the historical development of genetics, the physical basis of inheritance, and some chromosomal abnormalities in man.

Audience: Medical and nursing students; students interested in biological sciences at the college or postgraduate level and advanced high school students.

Produced by: Johns Hopkins University School of Medicine, Department of Medical Genetics.

Distributed by: National Foundation, 800 Second Avenue, New York 17.

RESUSCITATION OF THE NEWBORN. 25 minutes; sound; color; loan.

Shows through actual deliveryroom resuscitations the procedures and apparatus necessary for effective resuscitation of newborn infants who do not breathe, or whose respiration is impaired, at birth.

Audience: Physicians and nurses in maternity services.

Produced by: Sturgis-Grant Productions, New York.

Distributed by: Smith, Kline & French Laboratories, 1500 Spring Garden Street, Philadelphia 1, Pa.

JOURNEY IN HEALTH. 22 minutes; sound; color; rent or purchase.

Stresses the importance of preventive medicine among children through regular and continuous health supervision by a family physician.

Audience: Parents; parent-teacher associations.

Produced by: The Smart Family Foundation, in cooperation with the American Medical Association and the American Academy of Pediatrics.

Distributed by: For rental, the American Medical Association, 535 North Dearborn Street, Chicago, Ill., and the American Hospital Association, 18 East Division Street, Chicago, Ill. For purchase, the Smart Family Foundation, 65 East South Water Street, Chicago 1, Ill.

FOUR FAMILIES—Parts I and II.

30 minutes; sound; black and white; purchase.

Part I shows child-rearing practices and parent-child relationships in farm families of India and France; part II, in Canada and Japan. Each family includes a year-old baby as well as one or two other small children. Dr. Margaret Mead, the commentator, points to some distinctive features of handling the baby, implying that they may have important effects on personality and character development.

Audience: Any audience interested in children, especially PTA groups and mothers of very young children.

Produced by: National Film Board of Canada.

Distributed by: McGraw-Hill Book Co., Text-Film Department, 330 West 42d Street, New York 36.

BOOK NOTES

THE TWENTY BILLION DOLLAR CHALLENGE—A National Program for Delinquency Prevention. Kenyon Scudder and Kenneth Beam. G. P. Putnam Sons, New York. 1961. 236 pp. $4.50.

The title of this nontechnical book is based on an estimate of the annual cost to taxpayers of crime and delinquency. While the authors do not claim that most of this enormous cost can be saved, they call for application of money and manpower to preventive efforts as the most promising way of bringing the mounting costs of delinquency and crime under control.

The basic purpose of this book is to create citizen awareness that the primary responsibility to prevent delinquency rests with them—that what they do or do not do in their own homes and communities can be crucial in preventing or fostering delinquency. In indicating how citizens can meet their responsibility, the book gives major emphasis to cooperative effort through coordinating or community councils, though it acknowledges that the formation of a council can be only a partial approach to the solution of the delinquency problem. The numerous council accomplishments it cites are drawn largely from the experience of coordinating councils in California where they are most widespread.

PARENTS OF THE HANDICAPPED; self-organized parents' and relatives' groups for treatment of ill and handicapped children. Alfred H. Katz. Foreword by Gunnar Dybwad. Charles C. Thomas, Springfield, Ill. 1961. 155 pp. $6.

Who will guide the growing number of self-organized groups for parents of the handicapped? Can these emotionally involved groups contribute objectively to community welfare? These are among the questions which the author attempts to answer in this book about what he calls a new type of voluntary social agency, drawing dynamism from the parents' urge to counter defeatism and isolation with group action.

The author, who is associate professor of social welfare in medicine at the University of California at Los Angeles, first sketches the main lines of the evolution and structure of four separate parent organizations, subsequently analyzing and comparing parent participation according to motivations, values, and composition. A later chapter treats the common elements in the growth and in the staffing patterns of such parent groups.

He finds these groups can work well with the central planning agencies of the community, especially on blueprints for fund raising and services, but warns professional social agencies against setting standards for such lay groups without adequate interpretation.

RACE AND SCIENCE: the race question in modern science. Columbia University Press, New York. 1961. 506 pp. $5.

That the concept of innate racial superiority is "fundamentally antirationalist" and conflicting with "the humanist tradition of the West" is variously expressed in this volume of 11 essays, affording a many-faceted look at the subject of race through the eyes of anthropologists, psychologists, historians, and geneticists. Previously published separately in the UNESCO series of brochures called "The Race Question in Modern Science," the essays draw on contemporary scientific evidence in scrutinizing, for example:

- The origin, development, and "justification" of the most prevalent racial myths, naming among the roots of racial prejudice, personal advantage, and ignorance or the equation of cultural differences with inferiority.
- The relation of race to society, historically and as demonstrated in South Africa, Brazil, Hawaii, and Great Britain.
- Race and culture, defining the scope of race as differentiated from culture, religion, and linguistic entity.
- Race and biology, including genetic and environmental aspects.

"Is prejudice inevitable?" asks psychologist Marie Jahoda, one of the contributors, who describes the failure of rational or satirical efforts to change prejudice against outgroups. Describing such prejudice as the product of inadequate reality testing, in most cases, and as a psychological defense against the bearer's inner weaknesses, the author suggests that success in eliminating prejudice through personal contact, as in integrated housing, serves to destroy the ability of the prejudiced to misconstrue reality, even though it does not effect a personality change.

HEALTH EDUCATION: a guide for teachers and a text for teacher education. Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association with the cooperation of contributors and consultants. Bernice R. Moss, Warren H. Southworth, and John Lester Reichert, editors. National Education Association of the United States, Washington, D.C., 1961. 429 pp. $5.

First presented in 1924 as a joint venture of physicians and educators in health education, the book has been rewritten in this fifth edition to serve not only as a sourcebook for teachers in schools and as a text for teacher education, but also as a reference for all the professions dealing with school health. In addition to covering basic problems of teaching health at all grade levels, including attitudes and behavioral changes, the book's 16 chapters also offer guidance in curriculum, materials and resources, and evaluation in health education.

HUMAN PSYCHOLOGICAL DEVELOPMENT. Elizabeth Lee Vincent and Phyllis C. Martin. The Ronald Press Co., New York. 1961. 522 pp. $6.50.

At the outset, the authors of this textbook, a psychologist and a biologist, state their thesis: the psychological self exists only in the body; and there is reciprocal interplay between the intellect and personality and the body. The book then presents information on each sequence of human growth—from prenatal life through adulthood—and

supplies interpretive comments, flavored with the authors' personal philosophies of life, followed by advice on the ways of reaching a coordinated, mature adulthood.

The authors are on the faculty of Chatham University, in Pittsburgh.

EMOTIONAL FACTORS IN PUBLIC HEALTH NURSING. A casebook. Abraham B. Abramovitz, editor. Introduction and concluding chapter by Louis H. Orzack. The University of Wisconsin Press, Madison. 1961. 171 pp. $4.

In his introductory comments in this casebook, Louis H. Orzack, a sociologist on the faculty of Boston University, points out that the public health nurse carrying out her professional decisions is not buttressed by institutional controls as are physicians, teachers, and lawyers, but must depend on persuasive communication. This resource can be enhanced by the nurse's familiarity with the dynamics of behavior, he adds.

To give the public health nurse this familiarity so that she can also understand herself and co-workers better, the book offers nine case stories from the files of public health nurses, compiled by the Bureau of Maternal and Child Health of the Wisconsin State Board of Health. In addition to illustrating major concepts of emotional health, they show the nurse's involvement and the need to clarify her role in a given situation.

NEIGHBORHOOD CENTERS TODAY; action programs for a rapidly changing world. Arthur Hillman. National Federation of Settlements and Neighborhood Centers, New York. 1960. 239 pp.

Scanning a cross-section of the Nation's settlement programs, the author explores the ways in which they are meeting the challenges of change, particularly those posed by "the kaleidoscopic movement of population from country to city, from city to suburbs, and among different parts of the country."

According to the author, who is professor of sociology and dean of the College of Arts and Sciences of Roosevelt University (Chicago), this mobility, accompanied by personal and social disruptions, can erode the bases of democracy—the understanding, responsibility, and participation of the individual citizen.

Citizen participation is among the book's major chapters which, through illustrative case stories and explanatory texts, record the work of over 60 centers in 25 cities visited by the author.

Other topics include service to families with many problems, special youth services, interracial and intercultural programs, services to older adults, and new forms of association between settlements and public organizations.

READERS' EXCHANGE

CLEMMENS: *A neglected subject*

In his article, "Minimal Brain Damage in Children," Dr. Raymond L. Clemmens [CHILDREN, September–October 1961] brings up a subject of extreme importance to the many professional persons now working in mental retardation clinics. The author's figure of 19 percent of the cases studied in the Maryland Diagnostic Clinic coming under this classification is probably comparable to figures of other clinics.

It seems rather appalling that a condition as prevalent as this has not received more attention. A number of persons have described the condition and a few have written about specific aspects of it, but little research has been focused on it compared with that directed toward many of the other comparatively rare conditions seen in the field of mental retardation. Phenylketonuria, for instance, has received a great deal more attention than the problem of brain damage, although the former is encountered comparatively rarely. The etiology of brain damage, methods for diagnosis, and effective methods for working with the large number of children with the condition have hardly begun to be studied.

Dr. Clemmens' comments on the lack of effective interdisciplinary efforts, the number of children being placed in inappropriate therapeutic programs, the confusion existing between psychiatric and nonpsychiatric handling, dependence on and lack of help from neurological and other conventional medical diagnostic procedures all indicate the tremendous need for extensive coordinated study of the problem.

Robert W. Deisher, M.D.
Director, Division of Child Health, University Hospital, University of Washington.

Diagnostic refinements needed

Anyone with a considerable body of clinical experience in the evaluation of aberrantly developing children must share Dr. Clemmens' conviction that a large proportion of these patients are suffering from some variety of cerebral damage without any specific neurological signs. However, it is only fair to say that this conviction is based entirely on behavioral evidence, and that any attribution of a cause for such dysfunction to minimal brain damage is entirely presumptive. Attaching the adjective "minimal" to the diagnostic designation "brain damage," in no way constitutes a refinement in diagnosis. Rather, it tends to convert our minimal knowledge of the nature of the neurologic deficit into a term applying to the extent of damage which may exist.

One could just as well speak of diffuse, nonspecific cerebral damage or cerebral damage unaccompanied by localizing neurologic signs. But little benefit attaches to the substitution of diagnostic labels when the essential problem of the independent identification of the central nervous system lesion or population of lesions remains to be solved.

It is clear from Dr. Clemmens' discussion that the patients he is considering constitute a population with a

heterogeneous array of disabilities. The disorders described range from the classical Bradley-Strauss syndrome of hyperkinesis, organic drivenness, disordered perception, impaired concentration, cognative disturbance, and marked distractability, to a specific subject disability such as an incapacity to read or to learn numerical skills, in relatively normal, well functioning individuals. It is most doubtful whether a common set of neuropathologic disturbances exist in such a heterogeneous group of defective functions. While neurologic disturbances probably underlie all of these dysfunctions, nothing is gained by grouping them into a single neuropathologic entity entitled "minimal brain damage."

What still remains to be done is to separate identifiable specific, homogeneous patterns of disability from the overall population of so-called organically handicapped children. Once such homogeneity of disturbance is achieved, it will be possible to explore in detail the specific behavioral functions that have in fact developed in a disordered manner. Such an analysis can be productive of neuro-pathologic hypotheses that are investigable, by means of more sophisticated refined techniques than are at present available in clinical practice.

Only after such exploration will we be able to attribute neurologic causes and to understand the mechanisms underlying the behavioral disturbances of a complex kind which we at present observe in clinical work. It may be argued that the use of the term "minimal brain damage" to cover all such disturbances of a nonpsychodynamic or nonpsychosocial origin creates an illusion of understanding which may in itself inhibit serious study of the problems at issue.

Herbert G. Birch, M.D.
Associate Research Professor, Department of Pediatrics, Albert Einstein College of Medicine, Yeshiva University.

Author's comments

It is apparent that Dr. Birch has encountered children with the kind of handicaps described in our paper and, moreover, that he agrees with the central concept presented, namely that "neurologic disturbances probably underlie all of these dysfunctions." In regard to his comment that nothing is gained by grouping these heterogeneous conditions under a single heading, it should be pointed out that the professional journals are filled with communications which purportedly establish that these behavior, language, and learning problems are caused wholly by psychocultural factors. Therefore, it seems important to emphasize the underlying biologic basis (or bases) for these conditions.

With the clinical and laboratory techniques now available we are unable to distinguish between brain damage, per se, and brain dysfunction from causes other than tissue destruction. There can be no valid disagreement about the vital importance of separating and defining the many and varied factors which contribute to this complex. From the point of view of intervention, however, either by therapist or teacher, little obvious benefit accrues from a rigid subdistinction between neuroanatomic and neuro-physiologic disturbance.

We have found that children whose major problem is that of markedly disorganized and hyperkinetic behavior (Strauss syndrome) frequently have language problems and unusual difficulty in mastering the basic academic skills. Youngsters whose major problems are neuro-psychiatric learning disorders not infrequently have behavioral characteristics which are difficult to distinguish from the Strauss syndrome and at times from juvenile autism. We have also observed that children with delayed speech development, serious articulatory abnormalities, and auditory perceptual and discrimination problems may be expected to have pronounced difficulty in learning to read, even after the speech and language handicaps have been largely compensated for.

In my view these behavior, language and learning disorders can be caused by a variety of prenatal, perinatal, and postnatal states as well as by developmental deviations which are probably due to genetic transmission. In many instances it is not possible to distinguish between constitutional and acquired cause, thus further complicating the problem of meaningful designation. When our diagnostic studies point to "organicity" and there is no convincing evidence of (acquired) insult to the brain, we use the term "cerebral dysfunction."

In stating that our convictions are based entirely on behavioral evidence, Dr. Birch presumably defines the term "behavioral" in its broadest sense and thereby includes all behavioral sciences. It is obvious to us that any one professional person (pediatrician, psychologist, neurologist, educator, or psychiatrist) is hard pressed to define accurately many of the more subtle deviations of behavior and learning performance. No one can work to optimal advantage in isolation when dealing with the clinical or research aspects of these problems. Again the necessity of a multidisciplined assessment is emphasized.

We have relied heavily upon the skills and techniques of experienced clinical psychologists, audiologists, and speech pathologists. Psychological investigation includes: achievement tests, Bender Gestalt (and other tests of visuo-motor functioning), Rorschach, Wechsler Intelligence Scale for Children, Goodenough-Draw-a-Person and the Lincoln Oseretsky test of motor performance. The electroencephalogram has provided additional valuable information but in our experience has not been as sensitive as psychological testing. Psycho-galvanic skin resistance audiometry has been helpful especially in the evaluation of serious central language and central auditory disorders. The importance of a searching family history, detailed development history and neurologic examination needs no elaboration.

The suggestion that the terms used or the points of view expressed in the article may inhibit serious study is unrealistic. There can be no question of the need for intensive investigations (epidemiologic, genetic, psychologic, neuro-chemical, educational, and histopathologic) in these important areas, where one of the few important points of universal agreement is that we know so little about them.

As these researches proceed, it may be hoped that the professional persons who encounter these children will be aware of the complex nature of their handicaps and the neurologic dysfunctions, which underlies them. The implementation of optimal programs of management requires that this be so.

Raymond L. Clemmens, M.D.
Director, Children's Evaluation Clinic, University Hospital, University of Maryland.

SOME U.S. GOVERNMENT PUBLICATIONS FOR PROFESSIONAL WORKERS

Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

PROGRAMS OF THE FEDERAL GOVERNMENT AFFECTING CHILDREN AND YOUTH. A summary prepared by the Interdepartmental Committee on Children and Youth. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. 1961. 55 pp. 50 cents.

This bird's-eye view of all Federal programs concerned with children and youth as of January 1961, is designed for use in followup of the White House Conference of 1960, as the original 1951 publication, of which this is a revision, was used following the mid-century Conference. Also included is a brief résumé of the Federal Government's international activities for children.

CHILD WELFARE STATISTICS 1960. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Statistical Series No. 60. 1961. 28 pp.

A tabular presentation, with a summary of highlights, of statistics on children receiving child welfare services from public agencies at State and local levels and from voluntary agencies; on personnel in these public agencies; and on selected expenditures for public child welfare services. The total of 382,000 children reported to be receiving public child welfare services on March 31, 1960, included 8,000 in a category not reported before: those receiving special children's services for whom the cost of service is charged to public assistance funds. The report reveals that during fiscal 1960 State and local public welfare agencies spent $211,100,000 for child welfare services, a 14 percent rise over fiscal 1959.

RESEARCH IN CHILD WELFARE. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Publication No. 389. 1961. 25 cents.

Reporting on a conference held in Washington, D.C., in mid-December 1960, to advise the Children's Bureau on ways of administering funds for research and demonstration projects in child welfare authorized by a 1960 amendment to the Social Security Act, this publication summarizes the major points stressed in the discussion and presents, with some condensation, the verbatim minutes of the conference's four sessions. An appendix lists those research and demonstration projects mentioned as needing attention.

SCHOOL HEALTH PROGRAM; an outline for school and community. Department of Health, Education and Welfare, Public Health Service, Office of Education, and Social Security Administration, Children's Bureau. PHS Publications No. 834. 1961. 7 pp. 5 cents.

This presents the major points to be considered in relation to health education, school environment, and health services in developing or improving a school health program. It also includes a selected bibliography on policies for a school health program.

WHEN YOUR BABY IS ON THE WAY. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Publication No. 391. 1961. 28 pp. 15 cents.

This booklet gives expectant mothers—and fathers—advice and information on their roles in good prenatal and postpartal care.

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